

# State of Montana

## EMPLOYEE

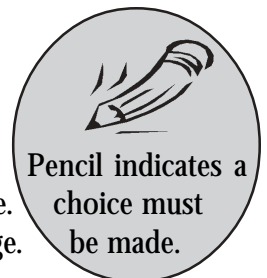
### Benefits Bureau



## 2006 New Employee Insurance Benefits

**THE INITIAL ENROLLMENT PERIOD IS THE FIRST 31 DAYS OF EMPLOYMENT.  
DECISIONS BELOW MUST BE MADE DURING THIS TIME PERIOD.**

- ✓ Choose a Medical Plan.
- ✓ Decide if you want dependents on your medical/dental plans.
- ✓ Decide if you want to purchase Vision coverage.
- ✓ Decide if you want to purchase additional Term Life coverage.
- ✓ Decide if you want to purchase Long Term Disability coverage.
- ✓ Decide if you want to enroll in Flexible Spending account(s).
- ✓ Decide if you want to purchase Accident Death & Dismemberment coverage.
- ✓ Decide if you want to purchase Long Term Care coverage.



**After the initial 31 day enrollment period, there are certain restrictions that apply when:**

- Adding or dropping dependents
- Purchasing optional benefits

**Department of Administration • State Personnel Division • Room 125 • Mitchell Building**

**PO Box 200127 • Helena MT • 59620-0127**

**1-800-287-8266 or 444-7462 in Helena**

**[www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)**

# Welcome, New State Employee!

The State of Montana is pleased to offer you a comprehensive package of insurance benefits from which to choose. These benefits are a large part of your compensation, and **some benefits can only be guaranteed if you enroll within your initial enrollment period ▶ the first 31 days of State employment or eligibility.** You can choose to have your coverage effective on your date of hire or the first day of the pay period following receipt of the form in the Benefits Bureau. You can expect to receive medical and dental identification cards within **six weeks of returning your forms.** The State of Montana is a self-funded insurance group, which means the insurance is not purchased, but rather, the State and employee out-of-pocket insurance contributions are pooled and used to pay claims. Each member shares the responsibility of being a wise healthcare consumer, thereby containing costs and premium amounts as much as possible. There are a variety of ways you can reduce costs such as utilization of the wellness and employee assistance programs that are available to you. These programs are outlined in detail within this booklet.

## Enrollment

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$506 per month employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the **“Core Benefits”**:

- One of the medical plans outlined in this book (includes prescription coverage)
- The Dental Plan
- Basic Life Insurance (\$14,000)

There are **add on benefits** you may choose in addition to the above core benefits.

Medical and/or Dental Coverage for dependents

Vision Coverage

Additional Life Insurance for you and/or your dependents

Long Term Disability (LTD) Coverage

Accidental Death & Disability (AD&D) Coverage

Flexible Spending Accounts for Medical and/or Dependent Care

Long Term Care Insurance

## HOW TO ENROLL

Complete the forms listed below. (These forms are included within this packet)

1. For Medical, Dental, Vision insurance, and the Pre-tax Plan complete the **State of Montana Employee Group Benefits Plan Enrollment/Change Form.**
2. For Life Insurance, AD&D, and LTD complete the **Standard Life Insurance Co. Enrollment/Change Form.**
3. For the Flexible Spending Accounts (FSA) complete the **Flexible Spending Account Enrollment/Change Form.**
4. To enroll in Long Term Care Insurance, complete the **Long Term Care Enrollment Form**

## Waiving Coverage

If you choose to waive coverage and do not wish to participate in the group health insurance offered, please check the **WAIVER of Coverage** box located on the upper right hand corner of the **Employee Group Benefits Plan Enrollment/Change Form.**

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# GLOSSARY

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## Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

## Benefit/Plan year

The period starting January 1 and ending December 31 of each year.

## Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

## Coinsurance

A percentage of allowable and covered charges a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

## Copayment

A fixed dollar amount for allowable and covered charges a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

## Covered charges

Charges for medical services determined to be medically necessary and are eligible for payment under a medical insurance plan.

## Deductible

A set dollar amount member and family must pay before the medical plan begins to share the costs.

## Formulary

A list of prescription drugs preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

## In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

## Joint Core

An option available when both spouses are eligible state employees and cover eligible dependents. Spouses and children have only one family deductible, one family out-of-pocket maximum, and may experience a slightly lower premium than enrolling separately.

## Managed care medical plans

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

## Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

## Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

## Out-of-pocket maximum

The maximum dollar amount of any coinsurance a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

## Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

## Primary Care Provider

A provider that coordinates a member's medical care and provides referrals/recommendations for specialty care.

## Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

# MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

## STATE CONTRIBUTION FOR 2006

EMPLOYEES \$ 506.00 (a)

## CORE BENEFITS

MEDICAL PLAN (See rates on page 6)

CHOOSE ONE 

Traditional:	\$ _____	(b)
Blue Choice:	\$ _____	(b)
New West:	\$ _____	(b)
Peak Health:	\$ _____	(b)

DENTAL PLAN (See rates on page 15) \$ \_\_\_\_\_ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 17) \$ 1.76 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ \_\_\_\_\_ (e)

## OPTIONAL BENEFITS

FLEXIBLE SPENDING ACCOUNTS (Page 22) Medical FSA \$ \_\_\_\_\_ (g)  
Dependent Care FSA \$ \_\_\_\_\_ (h)  
Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ \_\_\_\_\_ (i)

VISION PLAN (See Rates on Page 16) \$ \_\_\_\_\_ (j)

LIFE INSURANCE (See rates on page 17) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ \_\_\_\_\_ (k)  
Optional Employee Life (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (l)  
Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (m)  
Accidental Death & Dismemberment (\$.02 or \$.03 (with dependents) x every \$1,000 of coverage) \$ \_\_\_\_\_ (n)

LONG TERM DISABILITY (See Rates on Page 18) \$ \_\_\_\_\_ (o)

LONG TERM CARE (See Rates on Pages 26 & 27) \$ \_\_\_\_\_ (p)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, n, o and p = \$ \_\_\_\_\_ (q)

## TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2006 BENEFITS

CORE BENEFITS Enter amount from line e \$ \_\_\_\_\_ (r)  
OPTIONAL BENEFITS Enter amount from line q \$ \_\_\_\_\_ (s)  
TOTAL BENEFITS Add lines r and s \$ \_\_\_\_\_ (t)  
STATE CONTRIBUTION Amount from line a \$ 506.00 (u)  
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2006 BENEFITS Subtract line u from t \$ \_\_\_\_\_

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315  
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200  
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325  
www.healthinfontmt.com

## MEDICAL RATES

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Employee	\$475	\$459	\$431	\$388
Employee & spouse	\$647	\$622	\$593	\$538
Employee & children	\$601	\$578	\$552	\$501
Employee & family	\$675	\$648	\$618	\$561
Joint Core	\$535	\$516	\$493	\$448

## MEDICAL PLAN COSTS

Annual Deductible\*  
*(Applies to all services, unless otherwise noted or a co-payment is indicated)*

Coinsurance Percentages (% of allowed charges that the member pays)  
General  
Preferred Facility Services *(See page 34 & 35 for a list of preferred facilities)*  
Nonpreferred Facility Services *(See page 34 & 35 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums\*  
*(Maximum coinsurance paid in the year; excludes deductibles and copayments)*

## MEDICAL PLAN SERVICES

Hospital Services  
*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

Room Charges

Ancillary Services

Surgical Services

Outpatient Services

# BENEFIT YEAR 2006

## MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable per person, per lifetime on the Plan. The amounts shown below are the amounts that the plan would pay per individual.

Traditional Plan: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

Managed Care Plans: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

TRADITIONAL PLAN		MANAGED CARE BENEFIT PLANS BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan	
Administered by BCBS		In-Network Benefits	Out-of-Network Benefits
\$550/Member \$1,650/Family		\$400/Member \$800/Family	Separate \$500/Member Separate \$1,000/Family
25% 20% 35%		25%	35%
Average of \$2,500/Member (20% - 35% of \$10,000 in allowable charges) Average of \$5,000/Family (20% - 35% of \$20,000 in allowable charges)		\$2,000/Member \$4,000/Family	Separate \$2,000/Member Separate \$4,000/Family
<b>*You pay deductible and coinsurance on allowable charges only (see Glossary on page 4).</b>			
Coinsurance:		Coinsurance/Copayment:	Coinsurance:
20% - 35%		25%	35%
20% - 25%		25%	35%
20% - 25%		25%	35%
20% - 35%		25%	35%
20% - 35%		25%	35%

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN COSTS

### Physician Services

Office Visits

Inpatient Physician Services

Lab/Ancillary/Miscellaneous Charges

Allergy Shots

### Emergency Services

Ambulance Services for Medical Emergency

Emergency Room

Hospital Charges

Professional Charges

### Urgent Care Services

Facility/Professional Charges

Lab & Diagnostic Charges

### Maternity Services (See page 19 for free services)

Hospital Charges

Physician Charges

Prenatal Office Visits

### Routine Newborn Care

Inpatient Hospital Charges

### Preventive Services

Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic  
and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations (Pneumonia and Flu)

Child Checkups and Immunizations

### Mental Health Services

Inpatient Services

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*  
**Max:** One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral



# BENEFIT YEAR 2006

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (no deductible some lab & diagnostic included)	35%
25%	25%	35%
25%	25%	35%
25% (no deductible)	\$15/visit	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for <b>routine office visits</b>	35%
20% - 35% (no deductible)	25%	35%
25% (no deductible) <b>Max:</b> 2 bone density tests/lifetime <b>Max:</b> \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and other limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35% (plan pays \$75.00 toward mammograms - no deductible)
Not covered	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible) 0% (no deductible for County Health Department through age 5)	\$15/visit <b>Max:</b> Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35% 21 days (No max for severe conditions)
25% <b>Max:</b> 40 visits (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits (No max for severe conditions)	35% <b>Max:</b> 30 visits (No max for severe conditions)
50% <b>Max:</b> 20 visits (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits (No max for severe conditions)	35% <b>Max:</b> 30 visits (No max for severe conditions)

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN COSTS

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### Chemical Dependency

#### Inpatient Services\*

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

#### Outpatient Services\*

With EAP counselor referral

With NO EAP counselor referral

\*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

### Rehabilitative Services

#### Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy

##### Inpatient Services

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

##### Outpatient Services

### Alternative Health Care Services

#### Acupuncture

#### Naturopathic

#### Chiropractic

### Extended Care Services *(Physician ordered/prior authorization recommended)*

#### Home Health Care

#### Hospice

#### Skilled Nursing

### Miscellaneous Services

#### Dietary/Nutritional Counseling

*(When medically necessary and physician ordered)*

#### Durable Medical Equipment, Appliances, and Orthotics

*(Prior authorization required for amounts over \$1,000)*

#### PKU Supplies

### Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

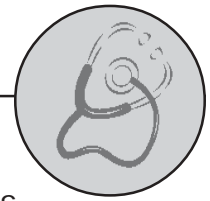
#### Transplant Services

#### **Lifetime Maximums:**

# BENEFIT YEAR 2006

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35%	25%	35%
25% <b>Max:</b> 40 visits and Dollar Limit*	\$15/visit <b>Max:</b> Dollar Limit*	35% <b>Max:</b> Dollar Limit*
50% <b>Max:</b> 20 visits and Dollar Limit*	\$15/visit <b>Max:</b> Dollar Limit*	35% <b>Max:</b> Dollar Limit*
20% - 35% <b>Max:</b> 60 days	25% <b>Max:</b> 60 days	35% <b>Max:</b> 60 days
20% - 35% <b>Max:</b> \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit <b>Max:</b> 30 visits	35% <b>Max:</b> 30 visits
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) <b>Max:</b> 25 visits in any combination	\$15/visit <b>Max:</b> 20 visits	35% <b>Max:</b> 20 visits
25% <b>Max:</b> 70 days	\$15/visit <b>Max:</b> 30 visits	35% <b>Max:</b> 30 visits
25% (20% - 35% if hospital-based) <b>Max:</b> 6 months	25% <b>Max:</b> 6 months	35% <b>Max:</b> 6 months
25% (20% - 35% if hospital-based) <b>Max:</b> 70 days	25% <b>Max:</b> 30 days	35% <b>Max:</b> 30 days
20% - 35% <b>Max:</b> \$250	\$15/visit	35%
25% <b>Max:</b> \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) <b>Max:</b> \$100 for foot orthotics (per foot)	35% <b>Max:</b> \$100 for foot orthotics (per foot)
25%	Plan pays for 100% for services	35%
25% <ul style="list-style-type: none"> <li>• Liver: \$200,000</li> <li>• Heart: \$120,000</li> <li>• Lung: \$160,000</li> <li>• Heart/Lung: \$160,000</li> <li>• Bone Marrow: \$160,000</li> <li>• Pancreas: \$68,000</li> <li>• Cornea/Kidney: No maximum</li> </ul>	25% \$500,000 lifetime maximum \$5,000 of the maximum available for travel to and from the facility.	Not covered

# MEDICAL INSURANCE PLANS - 2006



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • [www.bluecrossmontana.com](http://www.bluecrossmontana.com)

New West Health Plan • 1-800-290-3657 or 457-2200 • [www.newwesthealth.com](http://www.newwesthealth.com)

Peak Health • 1-866-368-7325 • [www.healthinphonetmt.com](http://www.healthinphonetmt.com)

## WHO IS ELIGIBLE?

Employees, spouses, domestic partners, and children are eligible for the Medical Insurance Plan.

Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of becoming a dependent (through marriage, birth, adoption, pre-adoption, or court-ordered custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an



## CLICK ON IT!

Learn more about your insurance administrator's customer service by visiting their web site at:

[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

[www.newwesthealth.com](http://www.newwesthealth.com)

[www.healthinphonetmt.com](http://www.healthinphonetmt.com)

employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

## INSTRUCTIONS

1. Read about each plan in the General Information section on this page.
2. Review and compare each plan's costs and services in the Benefits Summary, starting on page 6.
3. Review your typical health care needs and look at the Cost Comparisons on page 13.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 31 through 33, and the provider directories beginning on page 36.
5. Determine which plan will work best for your family. Make your selection by completing Parts 1, 3, 4 & 5 of the Enrollment/Change form.

Employee Group  
Benefits Enrollment/  
Change Form  
Parts 1, 3, 4 & 5



## GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

## TRADITIONAL PLAN

The Traditional Indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

## How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full

payment. **Please verify a provider is currently participating by calling BCBS.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

## Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 34 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

## Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

## MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

## How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

## In-Network Benefits

When joining a managed care plan, members choose a Primary Care Physician (PCP) who is a member of the plan's network providers. The PCP generally oversees the member's care. A referral/authorization is not required for the plan member to see an in-network specialist. Referrals/authorizations **are** required to see an out-of-network specialist and still receive the plan's in-network benefits.

## Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

## Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

## Major Plan Differences

The major differences in the managed care plans are the services the office visit copayment covers and the process for referrals.

The office visit copayment with the New West plan only includes lab and diagnostic services that are preventive.

For both the Blue Choice and Peak Health plans, the office visit copayment includes any lab and/or diagnostic service that is rendered and billed in conjunction with the office visit.

To obtain a referral for the New West plan, contact New West directly. Referrals for the Blue Choice and Peak Health plans are obtained through your Primary Care Provider.

**IMPORTANT!**  
BCBS providers for the Traditional plan are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

## SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not

BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 31-33 for a complete listing of covered zip codes for each plan.

### Blue Choice

This plan is available in most of Western Montana and many other towns including Billings, Great Falls, and Havre.

### New West Health Plan

This plan is available in most of Western Montana and many other towns including Billings, Great Falls, Havre, Libby, and Miles City.

### Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and the surrounding communities.

## MEDICAL INSURANCE COST COMPARISONS

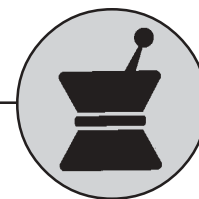
The following medical insurance cost comparisons show how each plan would process the same service, and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 6. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

EMPLOYEES			TRADITIONAL	MANAGED CARE PLANS	
Sample Services	Allowable Charge			In-Network	Out-of-Network
<b>Office visits 1, 2, &amp; 3 (\$50 each)</b>	<b>\$150</b>	You pay ➡	<b>\$75</b>	<b>\$45</b>	<b>\$150</b>
Copay costs				\$45 (\$15/each)	
Costs applied to deductible			\$50*		\$150
Coinsurance costs			\$25		
<b>Lab charges with office visit 1</b>	<b>\$75</b>	You pay ➡	<b>\$75</b>	<b>\$75</b>	<b>\$75</b>
Copay costs					
Costs applied to deductible			\$75	\$75**	\$75
Coinsurance costs					
<b>Urgent Care Visit</b>	<b>\$100</b>	You pay ➡	<b>\$100</b>	<b>\$25</b>	<b>\$25</b>
Copay costs				\$25	\$25
Costs applied to deductible			\$100		
Coinsurance costs					
<b>Preferred Hospital inpatient</b>	<b>\$8,500</b>	You pay ➡	<b>\$1,960</b>	<b>\$2,350</b>	<b>\$3,154</b>
Copay costs					
Costs applied to deductible			\$325	\$325	\$275
Coinsurance costs			\$1,635	\$2,025	\$2,879

\*First two office visits are exempt from the deductible.

\*\*May be included in office co-payment

# PRESCRIPTION DRUG PLAN - 2006



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible  
\$100/Member  
\$300/Family

Mail-Order Deductible  
\$0/Member  
\$0/Family

Out-of-Pocket Maximums  
Each Prescription \$250  
Each Member \$1,400/year  
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail-Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

\* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

## GENERAL INFORMATION

### INSTRUCTIONS

No separate enrollment is required.

### WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all State employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

#### Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 28-30 of this booklet or on the PharmaCare website at [www.pharmacare.com](http://www.pharmacare.com).

Formulary drug listings can also be found at the PharmaCare website.

#### Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail-order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at Employee Benefits or at the PharmaCare website.

### PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

### PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

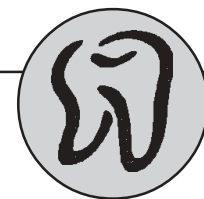
### SPECIALTY PHARMACY

This program provides assistance and resources for members with special needs who take high dollar oral, intravenous, or injectable medications for conditions such as Multiple Sclerosis, Rheumatoid Arthritis, Cancer, and Hepatitis. Call 1-866-856-2093 for more information.

Note:  
The deductible does not apply to prescriptions received from one of the mail order pharmacies!



# DENTAL PLAN - 2006



Administered by Blue Cross/Blue Shield of Montana  
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

Deductible  
\$50/Member  
\$150/Family

Monthly Premiums	
Employee only	\$27.80
Employee and spouse	\$33.80
Employee and children	\$40.80
Employee and family	\$45.80
Joint Core	\$31.80

Enrollment/Change  
Form  
Parts I & 4: Dental



Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> <li>• One full-mouth X-ray or series in any 36-month period.</li> <li>• One set of supplementary bitewing X-rays in any 180-day period.</li> <li>• Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.)</li> <li>• No deductible or yearly dollar maximum apply.</li> </ul>
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type C) deductible</li> <li>• Subject to \$1,000 combined (with type C) yearly maximum</li> </ul>
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type B) deductible</li> <li>• Subject to \$1,000 combined (with type B) yearly maximum</li> <li>• Replacement crowns and dentures are limited to once every five years.</li> <li>• Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.</li> </ul>

\*\*Of allowable charges.

## GENERAL INFORMATION

### INSTRUCTIONS

1. Read about the Dental Plan on this page.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing Parts 1 & 4 of the Enrollment/Change Form.

### WHO IS ELIGIBLE?

Employees are required to elect dental insurance unless they waive the benefit package. Members also choose which dependents (spouses, domestic partners, children) to cover within 31 days of date of hire or within 63 days of a qualifying event such as marriage, birth, or adoption.

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of \$1,000 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be

responsible for costs beyond the allowable charges for covered services.

### TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible or yearly maximum):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and two sets of supplementary bitewing X-rays per benefit year.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*
3. Unscheduled minor emergency treatment to relieve pain.

### TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions

3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

### TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

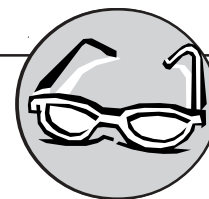
1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for Dental Implants while under the plan. Maximum separate from yearly maximum.
6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

# VISION PLAN - 2006

Administered by VSP Well Vision  
1-800-877-7195 • [www.vsp.com](http://www.vsp.com)

Monthly Premiums	
Employee only	\$ 8.44
Employee and spouse	\$13.34
Employee and children	\$13.60
Employee and family	\$21.94

Enrollment/Change  
Form  
Parts I & 4: Vision



Covered Services	Frequency	Coverage from a VSP Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	Up to \$45 allowance
Frames	24 months	Up to \$120 allowance	Up to \$47 allowance
Lenses	24 months	\$20 copay applied to lenses & frame	Up to \$45 allowance - single vision Up to \$65 allowance - lined bifocal Up to \$85 allowance - lined trifocal
Contact Lenses	24 months	Up to \$105 allowance	Up to \$105 allowance

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employee, spouse, domestic partner, and children are eligible if you elect to have this coverage.

### INSTRUCTIONS

Review the premiums above and complete sections 1 & 4 of the Enrollment/Change Form.

### USING YOUR VSP BENEFIT

To access your benefits, you simply make an appointment with a VSP doctor, tell the doctor you are a VSP member when you set the appointment, and provide the doctor with the covered member's identification number. VSP and the doctor will handle the rest by verifying your benefits and eligibility for services.

#### Locating your VSP Doctor

There are two convenient ways to locate a VSP doctor near your home or office or to verify that your doctor is a VSP doctor. You can check the Web Site at [www.vsp.com](http://www.vsp.com) or call member services at 800-877-7195.

### Value Added Discounts

**Laser Vision Care** - VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK & LASIK surgeries, available through contracted laser centers. Visit VSP's Web Site to learn more.

**Contact Lenses** - VSP offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit the Web Site or ask your doctor for details.

**Prescription Glasses** - Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last exam.

### Out-Of-Network Providers

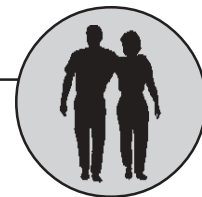
Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member's name, phone number, address, member ID, the name of the group, the patient's name, date of birth, phone number and address, and the patient's relationship to the covered member. Send to: VSP, PO Box 997105, Sacramento, CA 95899-7105.



# LIFE INSURANCE PLAN - 2006

Administered by Standard Insurance Company  
For information, call the Employee Benefits Bureau  
1-800-287-8266 or 444-7462

## Life Insurance Enrollment/Change Form



### Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.76
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates  
*Based on employee's age  
the last day of month*

<30 ...	\$0.03
<35 ...	\$0.05
<40 ...	\$0.08
<45 ...	\$0.10
<50 ...	\$0.15
<55 ...	\$0.23
<60 ...	\$0.43
<65 ...	\$0.66
65+ ...	\$0.98

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all eligible employees. Optional life insurance and Accidental Death & Dismemberment (AD&D) are available for employee, spouse, domestic partner, and dependents.

or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

### INSTRUCTIONS

1. Read about the various plans on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

#### Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees.

#### Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

#### Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

#### Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse or domestic partner to be

#### Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

**Employee Only:** Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

**Employee and Dependents:** The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

### LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

### CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

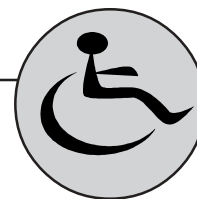
A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65



# LONG TERM DISABILITY INSURANCE - 2006

Administered by Standard Insurance Company  
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462  
[www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)

Life Insurance  
Enrollment/Change  
Form



## Monthly Premiums

\$22.08 per member - Guaranteed enrollment if elected during your first 31 days of employment!

## GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

### WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees (not including Legislators) who are enrolled in the medical plan.

### INSTRUCTIONS

1. Read about the plans on this page along with the LTD brochure (in this packet).
2. Evaluate your need for long term disability insurance.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

### BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

### BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

### ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas, many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

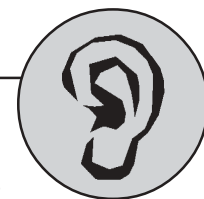
- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivor's benefit equal to three times your unreduced LTD benefit may be payable.

- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

### IMPORTANT!

Employees who choose to enroll during the first 31 days of employment in 2006 are not subject to evidence of insurability and are guaranteed enrollment.

# EMPLOYEE ASSISTANCE PROGRAM - 2006



Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512 • [www.ReliantBH.com](http://www.ReliantBH.com)

Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal Consultations	• Free	• 1/2 hour consultation
Financial Consultations	• Free	• unlimited
Long-term Services		
Counseling	• 25% with RBH referral	• 40 outpatient visits
Psychiatric Services	• 25% with RBH referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with RBH referral	• 40 outpatient visits

\*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Plan Summary.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all State employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

### INSTRUCTIONS

No separate enrollment is required.

### THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

### CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to four counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your plan adminis-

trator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH, at no direct cost to you, the member, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

HELP IS HERE!  
To schedule an appointment for:  
- confidential counseling  
- legal or financial services  
- maternity services  
- 24-hour crisis assistance.  
CALL  
1-866-750-0512

### LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

### PERSONAL ADVANTAGE WEBSITE

The EAP includes a wellness focused website, Personal Advantage, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

To log in to Personal Advantage

1. Go to [www.ReliantBH.com](http://www.ReliantBH.com)
2. Click on the Register button
3. Follow the Registration instructions.

### 24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

### MATERNITY SERVICES

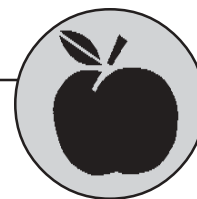
Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

You can complete a brief assessment with a nurse to determine your pregnancy needs, and you'll receive a useful gift for your participation.

If you're pregnant, you can access maternity services by simply calling the EAP number 1-866-750-0512.

# WELLNESS PROGRAMS - 2006

Provided by the Employee Benefits Bureau  
1-800-287-8266 or 444-7462 • [www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)



2006 Programs	Cost	Benefits
Health Screenings	Free biennially to member	<ul style="list-style-type: none"><li>• Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides</li><li>• Blood pressure and body mass index</li><li>• Optional health screening tests and flu shots when available</li><li>• Information on risk reduction through life-style modifications</li></ul>
Spring Fitness		<ul style="list-style-type: none"><li>• Team program designed to get people <i>active</i></li></ul>
Weight Watchers		<ul style="list-style-type: none"><li>• Helps pay for qualifying employees to join Weight Watchers and get fit with up to \$75 biennial reimbursement</li></ul>
Smoking Cessation		<ul style="list-style-type: none"><li>• Helps smokers quit through a step-by-step program, group support, health care provider presentations, and help from former smokers</li></ul>
Brown Bag Series		<ul style="list-style-type: none"><li>• This educational brown-bag series offers healthy-living talks by local experts</li></ul>

## GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. Make sure to check the Website regularly for information on healthy life-style choices and new programs.

### INSTRUCTIONS

No separate enrollment is required.

### HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including, PSA, TSH, CBC, Homocysteine, C-Reactive Protein, and flu shots when available.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

The health screening is offered free every other year to the medical plan member. Check the website for dates, locations, and registration at <https://hr.mt.gov/healthscreening>

### SPRING FITNESS PROGRAM

This is an eight-week fitness program that is designed to increase activity for members at all fitness levels. Stay tuned for details on this year's challenge and consider being a team captain for 2006!

### WEIGHT WATCHERS

The Wellness program will reimburse employees \$75/biennially for participation in a Weight Watchers program when the following four criteria are met:

#1 Weight - Your beginning weight must be at least 10% over the maximum weight for your age (see Weight Watchers chart.)

#2 Attendance - You must attend at least 75% of the classes offered.

#3 Achievement - You must achieve the 10% weight loss goal set in advance by the Weight Watchers instructor. This means that you need to meet the goal but can take longer than 13-14 weeks. However, the reimbursement is based on the 13-14 week program costs.

#4 Exercise - You must participate in some form of exercise three time per week and keep a journal of those activities.

For more information on program qualifications and reimbursement instructions, contact the Wellness Program.

### SMOKING CESSATION HELP

Employees who want to stop smoking may be partially reimbursed for participation in a smoking cessation class. Call the Wellness program for more information.

### BROWN BAG SERIES

Throughout the year, educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered including nutrition and dieting, safety, and disease

prevention. Notification of upcoming events will be sent via email to payroll technicians and posted on the MINE website.

### TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same. Call the Wellness program for more information and a reminder magnet.

### PERSONAL ADVANTAGE WEBSITE

This website offers a wide variety of information to improve your health such as fitness & exercise, nutrition, weight management, and smoking cessation. You will also find information for all stages of life from maternity and child development to elder care. Just log on to [www.ReliantBH.com](http://www.ReliantBH.com).

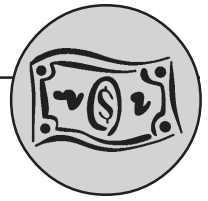
### HUNTER FITNESS

This six-week program is designed to make sure you are in good shape for hunting season. Learn how being in good shape will help you have an enjoyable and safe hunting trip. A grand prize is awarded at the end of the program for participating.



# PRE-TAX PLAN - 2006

Administered by the State of Montana Employee Benefits Bureau  
1-800-287-8266 or 444-7462 in Helena • [www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)



## Enrollment/Change Form Part 1: Pre-tax Plan



### Benefit of Participation Pre-tax Eligible

#### Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, and long term disability.

*\*IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Employee Benefits Bureau of any changes as soon as possible to avoid losing premiums.*

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

### INSTRUCTIONS

1. Read about the Pre-tax Plan in the General Information section on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. If you would like to participate, complete the Pre-tax Plan portion in Part 1 of the Group Plan Enrollment/Change Form.

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section

125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

### ELIGIBLE BENEFITS

Premiums for the State's insurance plans for medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, and long term disability may be paid pre-tax through the Pre-tax Plan.

### INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan.

### LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

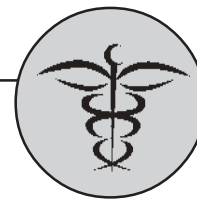
Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid. Dependent children losing eligibility due to employment will become ineligible on the last day of the pay period in which the event occurs.

### WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Employee Benefits Bureau right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the EBB of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

# FLEXIBLE SPENDING ACCOUNTS - 2006

Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • [www.asiflex.com](http://www.asiflex.com)



## WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

After your initial enrollment (within 31 days of hire), there are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/

dependent child, or;

- a change in employment status which warrants the change.

The change must be "on account of" and "consistent with" the change in family status. For example, new dependents warrant increasing a medical FSA,

not decreasing it. The change must be made within 63 days of the qualifying event.

## INSTRUCTIONS

1. Read about FSAs in the General Information section on this page.

2. Assess whether a medical or dependent care FSA would benefit you by reviewing the criteria on page 23.

3. Use the "Electing a Medical FSA Amount" work sheet on page 24 to calculate your household's predictable out-of-pocket medical, dental, and vision expenses for 2006.

4. Use the "How Much Money Should Go Into My Dependent Care FSA?" work sheet on page 24 to calculate your household's predictable day care expenses for children and/or dependent parents.

5. If needed, consult your tax preparer about your specific tax situation.

6. Make your selection by completing the Flexible Spending Accounts Enrollment/Change and Salary Reduction Agreement Form.

**IMPORTANT!**  
You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is **not** automatic!

2006 Flexible Spending Account Enrollment/Change and Salary Reduction Form



## GENERAL INFORMATION

### HOW FSAS WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 24 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

**WHAT'S THE CATCH?**  
Set aside only as much as you think you will need – IRS regulations require any unused contributions to be forfeited.

After you have incurred a qualifying expense, you will file a claim with ASI, who will then reimburse you for the claimed amount. ASI processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided or the products are ordered. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

### Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the "use it or lose it" provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

### Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. Explanation Of Benefits or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site.

### TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

## Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

## WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

## Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles



## CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

[www.asiflex.com](http://www.asiflex.com)

## Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

## DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your

dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

## Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

## Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

## MEDICAL FSA WORKSHEETS

### ELECTING A MEDICAL FSA AMOUNT

This worksheet will help you decide an appropriate annual election for a Medical FSA. Estimate your total annual health care expenses for the 2006 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Insured Expenses	2005	Estimated 2006
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental copayments	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

### Out-of-Pocket Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams/Hearing aids	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**Total projected out-of-pocket expenses for 2006** \$ \_\_\_\_\_

**Total out-of-pocket expenses you are sure of and want to pay through a Medical FSA** \$ \_\_\_\_\_

### HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this worksheet to determine an appropriate Dependent Care FSA election.

Monthly Care Expenses	Estimated 2006
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>
	x 12

**Total Annual Estimated Care Expenses=**\$ \_\_\_\_\_

### IMPORTANT!

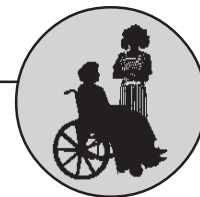
Please be sure this amount  
divides by 24 evenly  
(the number of  
deductions in the plan year).



# LONG TERM CARE INSURANCE - 2006

Provided by UNUM Life Insurance Company  
1-800-227-4165 • www.unum.com/enroll/stateofmontana

Unum LTC Enrollment  
Form



Options	Choices
Care Type	
Plan 1	• Facility ( <i>Nursing Home or Assisted Living</i> )
Plan 2	• Facility + Professional Home Care ( <i>Provided by a licensed home health organization</i> )
Plan 3	• Facility + Professional Home Care + Total Home Care ( <i>Care provided by anyone, including family members</i> )
Monthly Benefit	
Nursing Home	• \$1,000 - \$6,000
Assisted Living	• 60% of the selected nursing home amount
Home Care	• 50% of the selected nursing home amount
Duration	
3 year	• 3 years Nursing Home
6 year	• 6 years Nursing Home
Unlimited	• Unlimited Nursing Home
	• or 5 years Assisted Living
	• or 10 years Assisted Living
	• or Unlimited Assisted Living
	• or 6 years Home Care
	• or 12 years Home Care
	• or Unlimited Home Care
Inflation Protection	
Yes	• 5% compounded annually
No	• No protection

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

### INSTRUCTIONS

1. Read about the plan in the General Information section on this page.
2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.
3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 26 and 27.
4. If you would like to sign-up for the plan, complete the UNUM enrollment form and mail to the address on the form within 31 days of hire date to guarantee policy without medical underwriting.

### LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

### Types of Care

**Plan 1:** Facility (Nursing Home or Assisted Living)

**Plan 2:** Facility plus Professional Home Care (provided by a licensed home health organization)

**Plan 3:** Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

### Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.
- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount
- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

### Duration

**Three Year:** Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

**Six Years:** Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

**Unlimited:** Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

### Inflation Protection

**Yes:** An inflation protection of 5 percent will be compounded annually.

**No:** No inflation protection will be provided.

### GREAT NEWS!

**Employees who mail enrollment form to UNUM within 31 days of hire are not subject to evidence of insurability and are guaranteed enrollment.**

# LONG-TERM CARE INSURANCE RATES

For rates  
with Inflation  
Protection,  
see page 27

Rates shown are for a \$1,000 Monthly Facility Benefit.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

**PLAN 1**  
Long-Term Care Facility

**PLAN 2**  
Long-Term Care Facility  
Professional Home Care

**PLAN 3**  
Long-Term Care Facility  
Professional Home Care  
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age 18 - 30		1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

# LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

With  
Inflation  
Protection

## PLAN 1

Long-Term Care Facility

## PLAN 2

Long-Term Care Facility  
Professional Home Care

## PLAN 3

Long-Term Care Facility  
Professional Home Care  
Total Home Care

Benefit Duration			3 YR			6 YR			Unlimited		
Age	18-30		6.00	7.80	10.00	8.20	10.90	14.60	11.50	15.40	21.50
31	•		6.10	8.10	10.20	8.30	11.20	14.90	11.70	15.90	22.00
32	•		6.20	8.20	10.60	8.50	11.40	15.40	12.00	16.20	22.50
33	•		6.50	8.60	10.80	8.70	11.80	15.70	12.20	16.60	23.00
34	•		6.60	8.70	11.00	9.00	12.00	16.00	12.50	17.00	23.40
35	•		6.90	9.00	11.40	9.30	12.40	16.40	12.90	17.50	24.10
36	•		7.00	9.20	11.70	9.50	12.70	16.90	13.20	17.90	24.60
37	•		7.20	9.60	12.00	9.70	13.10	17.40	13.50	18.40	25.30
38	•		7.50	9.90	12.40	10.10	13.50	17.80	14.00	19.00	26.00
39	•		7.70	10.00	12.70	10.40	13.70	18.20	14.30	19.30	26.50
40	•		7.90	10.40	13.00	10.60	14.10	18.70	14.60	19.80	27.30
41	•		8.20	10.60	13.50	10.90	14.50	19.30	15.10	20.30	28.00
42	•		8.40	10.90	13.70	11.20	14.90	19.60	15.40	20.80	28.60
43	•		8.60	11.30	14.10	11.50	15.30	20.20	15.90	21.40	29.40
44	•		9.00	11.70	14.60	11.90	15.90	20.80	16.40	22.10	30.30
45	•		9.20	11.90	14.90	12.30	16.20	21.30	16.80	22.60	31.00
46	•		9.60	12.50	15.50	12.60	16.80	22.00	17.30	23.40	32.10
47	•		9.90	12.80	16.10	12.90	17.10	22.50	17.90	24.10	33.10
48	•		10.20	13.20	16.60	13.20	17.50	23.10	18.40	24.90	34.20
49	•		10.70	13.80	17.10	13.70	18.10	23.60	19.10	25.70	35.20
50	•		11.00	14.20	17.80	14.00	18.50	24.30	19.60	26.50	36.50
51	•		11.50	14.80	18.50	14.60	19.20	25.10	20.50	27.60	38.00
52	•		12.10	15.50	19.30	15.10	19.90	25.90	21.30	28.70	39.40
53	•		12.40	16.00	19.90	15.40	20.30	26.60	21.90	29.60	40.80
54	•		12.90	16.70	20.80	15.90	21.10	27.40	22.60	30.70	42.20
55	•		13.80	17.70	21.90	16.70	21.90	28.30	23.50	31.70	43.30
56	•		14.50	18.60	23.00	17.40	22.80	29.40	24.50	33.10	45.20
57	•		15.30	19.60	24.20	18.30	23.80	30.80	25.80	34.70	47.60
58	•		16.20	20.80	25.60	19.10	25.00	32.10	26.90	36.40	49.90
59	•		17.10	21.90	26.90	20.00	26.10	33.60	28.20	38.10	52.30
60	•		18.30	23.10	28.40	21.10	27.30	35.00	29.60	40.00	54.80
61	•		19.70	25.20	30.80	22.50	29.40	37.50	31.50	42.80	58.70
62	•		21.40	27.10	33.00	24.20	31.30	39.70	33.50	45.50	62.30
63	•		22.90	29.10	35.50	25.70	33.30	42.30	35.50	48.30	66.30
64	•		25.00	31.60	38.40	27.80	35.90	45.20	38.00	51.70	70.80
65	•		28.10	35.50	43.00	30.90	39.80	50.00	41.70	56.80	77.80
66	•		30.40	38.30	46.40	33.10	42.70	53.70	44.20	60.30	82.80
67	•		33.20	41.80	50.50	36.10	46.40	58.20	47.60	65.10	89.10
68	•		35.90	45.20	54.60	38.90	50.00	62.70	50.80	69.40	95.10
69	•		39.20	48.90	59.20	42.30	54.00	67.80	54.60	74.40	102.20
70	•		42.30	52.90	64.00	45.50	58.20	73.10	58.20	79.60	109.30
71	•		46.10	57.50	69.30	49.40	63.10	78.90	62.40	85.50	117.10
72	•		50.20	62.70	75.50	53.70	68.50	85.60	67.20	92.10	125.90
73	•		54.10	67.10	80.80	57.70	73.40	91.40	71.80	98.20	134.00
74	•		59.00	73.00	87.60	62.60	79.60	98.80	77.20	105.60	143.70
75	•		69.20	85.60	102.50	73.30	93.00	115.30	89.70	122.70	166.50
76	•		75.30	93.00	111.50	79.50	100.80	125.00	96.40	132.10	179.20
77	•		80.60	99.40	119.10	84.80	107.50	133.30	102.00	139.90	189.70
78	•		87.40	107.70	128.80	91.80	116.10	143.70	109.50	150.10	203.20
79	•		94.10	115.80	138.50	98.70	124.80	154.20	117.00	160.70	217.20
80	•		102.20	125.60	149.80	106.90	135.00	166.50	125.80	172.70	233.10
81	•		110.20	135.10	161.00	115.10	145.00	178.50	134.40	184.40	248.40
82	•		120.80	147.70	175.60	125.80	158.20	194.40	146.00	200.30	269.00
83	•		131.70	160.70	190.70	137.00	172.00	210.70	158.40	217.20	290.70
84	•		141.70	172.70	204.20	147.30	184.60	225.30	169.40	232.60	309.90

# PHARMACARE NETWORK PHARMACIES

\*Network Pharmacies are subject to change

CITY	PHARMACY
<b>Anaconda</b>	Community Hospital Pharmacy Osco Drug Safeway Pharmacy Thrifty Drug Store
<b>Baker</b>	Baker Rexall Drug Company Lawler Drug
<b>Belgrade</b>	Albertson's/Osco Pharmacy Lee & Dad's Pharmacy
<b>Big Sky</b>	Bozeman Deaconess Pharmacy
<b>Big Timber</b>	Cole Drug
<b>Bigfork</b>	Bigfork Drug
<b>Billings</b>	Albertson's Pharmacy - Central Ave. Albertson's/Osco Pharmacy - Grand Ave. Albertson's/Osco Pharmacy - North 27th Albertson's/Osco Pharmacy - Main St. Billings Clinic Pharmacy Billings Health & Rehabilitation Community Health Center Pharmacy Costco Pharmacy County Market Pharmacy Deaconess Billings Clinic Aspen Deaconess Medical Center Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Pharmacy 1 Shopko Pharmacy Snyder Drug Store - Grand Snyder Drug Store - Main Snyder Drug Store - North 27th St. John's Pharmacy St. Vincent's Hospital Pharmacy Target Pharmacy Valley Health Care Center Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Westpark Pharmacy Woodrows Pharmacy
<b>Box Elder</b>	Rocky Boy Health Board
<b>Bozeman</b>	Albertson's/Osco Pharmacy Costco Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Osco Drug Price Rite Drug Safeway Pharmacy Smith's Pharmacy Student Health Service Pharmacy Wal-Mart Pharmacy Western Drug

## MAIL ORDER PHARMACIES

PharmaCare Direct  
1-888-347-5329  
www.pharmacare.com

Ridgeway Pharmacy  
1-800-630-3214  
1-406-777-5425

CITY	PHARMACY
<b>Broadus</b>	Larry's IGA Pharmacy
<b>Butte</b>	Driscoll Drug K Mart Pharmacy Osco Drug Safeway Pharmacy St. James Community Hospital Wal-Mart Pharmacy
<b>Chester</b>	Liberty Drug Westhill Pharmacy
<b>Chinook</b>	Chinook Pharmacy
<b>Choteau</b>	Choteau Drug Inc
<b>Columbia Falls</b>	Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
<b>Columbus</b>	Matovich IGA Discount Drug Snyder Drug Emporium
<b>Conrad</b>	Olson's Drug Village Drug
<b>Corvallis</b>	Corvallis Drug Store
<b>Culbertson</b>	Culbertson Pharmacy
<b>Cut Bank</b>	Albertson's/Osco Pharmacy DrugMart Pharmacy
<b>Deer Lodge</b>	Keystone Drug Safeway Pharmacy
<b>Dillon</b>	Mitchells Drug Safeway Pharmacy
<b>Ekalaka</b>	Dahl Memorial Hospital NH Pharmacy
<b>Ennis</b>	Ennis Pharmacy
<b>Eureka</b>	Haines Drug

# PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
<b>Fairfield</b>	Barrett Drug	<b>Jordan</b>	Foster Jordan Drug Co
<b>Fairview</b>	Mondak Pharmacy	<b>Kalispell</b>	Albertson's/Osco Pharmacy Evergreen Pharmacy K Mart Pharmacy Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy Shopko Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy Tidymans Pharmacy Wal-Mart Pharmacy Walgreen Drug Store
<b>Florence</b>	Florence Community Pharmacy Florence Pharmacy North	<b>Laurel</b>	Gene's Pharmacy Prices Pharmacy Snyder Drug Store
<b>Forsyth</b>	Yellowstone Pharmacy	<b>Lewistown</b>	Albertson's/Osco Pharmacy Lewistown Pharmacy Pamida Pharmacy Seiden Drug Co
<b>Fort Benton</b>	Benton Pharmacy	<b>Libby</b>	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy
<b>Gardiner</b>	Gardiner Drug	<b>Lincoln</b>	Lincoln Pharmacy
<b>Glasgow</b>	Medial Arts Pharmacy Inc. Pamida Pharmacy Valley Drug Company Western Drug of Glasgow	<b>Livingston</b>	Albertson's/Osco Pharmacy Pamida Pharmacy Western Drug of Livingston
<b>Glendive</b>	Albertson's/Osco Pharmacy F&G Pharmacy Gabert Clinic Pharmacy	<b>Lolo</b>	Lolo Drug
<b>Great Falls</b>	Albertson's Pharmacy - 10th Ave. Albertson's/Osco Pharmacy - 3rd St. Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs K Mart Pharmacy Kindred Pharmacy Services Osco Drug Pharmerica Plaza United Drugs Public United Drug Sam's Pharmacy Shopko Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Wal-Mart Pharmacy	<b>Malta</b>	Valley Drug Company
<b>Hamilton</b>	Albertson's/Osco Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	<b>Miles City</b>	Albertson's/Osco Pharmacy Big Sky Pharmacy Wal-Mart Pharmacy
<b>Hardin</b>	PharmaCare Pharmacy	<b>Missoula</b>	A & C Drug Albertson's/Osco Pharmacy - Oxford St. Albertson's/Osco Pharmacy - Reserve St. Albertson's/Osco Pharmacy - Russell St. Broadway Pharmacy Costco Pharmacy East Gate Drug Garden City Pharmacy Hillside Manor Pharmacy K Mart Pharmacy Osco Drug - Brooks St. Palmer's Drug Riverside Health Care Pharmacy Rosauers Pharmacy Safeway Pharmacy - Reserve St. Safeway Pharmacy - Broadway St. Savmor Drug
<b>Harlowton</b>	Wheatland Memorial Pharmacy		
<b>Havre</b>	Albertson's/Osco Pharmacy K Mart Pharmacy Northern MT Pharmacy Western Drug Pharmacy		
<b>Helena</b>	Bergum Drug K Mart Pharmacy Osco Drug - Euclid Ave. Osco Drug - Montana Ave. Safeway Pharmacy Shopko Pharmacy Snyder Drug Store Wal-Mart Pharmacy		

# PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	Shopko Pharmacy UM Health Services Pharmacy Village Health Care Center Wal-Mart Pharmacy - Mullan Rd. Wal-Mart Pharmacy - Hwy 93 Walgreen Drug Store		
<b>Philipsburg</b>	Granite County Hospital Pharmacy		
<b>Plains</b>	Plains Drug	<b>Whitehall</b>	Whitehall Drug
<b>Plentywood</b>	Plentywood Drug	<b>Wolf Point</b>	Gillette Pharmacy
<b>Polson</b>	Healthcare Plus Safeway Pharmacy St. Joseph Hospital Pharmacy Wal-Mart Pharmacy		
<b>Red Lodge</b>	Beartooth Pharmacy United Drugs Red Lodge Drug Company		
<b>Ronan</b>	Family Health Pharmacy R & R Health Care Solutions		
<b>Roundup</b>	Jorgenson Pharmacy		
<b>Scobey</b>	Service Drug		
<b>Seeley Lake</b>	Healthcare Plus Seeley Lake Pharmacy		
<b>Shelby</b>	Pamida Pharmacy Wells Drugs		
<b>Sidney</b>	Pamida Pharmacy Sidney Health Center White Drug		
<b>St. Ignatius</b>	Mission Drug		
<b>Stevensville</b>	Ridgeway Pharmacy Stevensville Family Pharmacy Valley Drug & Variety		
<b>Superior</b>	Mineral Pharmacy		
<b>Thompson Falls</b>	Doug's Drug		
<b>Three Forks</b>	Three Forks Medical Arts Pharmacy		
<b>Townsend</b>	Townsend Drug		
<b>Troy</b>	Kootenai Drug		
<b>Twin Bridges</b>	McAlear Pharmacy		
<b>West Yellowstone</b>	Yellowstone Family Pharmacy		
<b>White Sulphur Spg</b>	Castle Mountain Drug		
<b>Whitefish</b>	Good Medicine Pharmacy Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy #0106		



# BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• DeBorgia	59830	• Jefferson City	59638	• Power	59468
Acton	59002	• Deer Lodge	59722	• Joliet	59041	• Pray	59065
Alberton	59820	• Dell	59724	• Joplin	59531	• Proctor	59929
Alder	59710	• Dillon	59725	• Judith Gap	59453	• Pryor	59066
Anaconda	59711	• Divide	59727	• Kalispell	59901	• Ramsay	59748
Arlee	59821	• Dixon	59831	•	59902	• Ravalli	59863
Augusta	59410	• Drummond	59832	•	59903	• Raynesford	59469
Avon	59713	• Dupuyer	59432	•	59904	• Red Lodge	59068
Ballantine	59006	• Dutton	59433	•	59920	• Rexford	59930
Basin	59631	• East Helena	59635	• Kila	59532	• Ringling	59642
Bearcreek	59007	• Edgar	59026	• Kremlin	59921	• Roberts	59070
Belfry	59008	• Elliston	59728	• Lake McDonald	59922	• Rollins	59931
Belgrade	59714	• Elmo	59915	• Lakeside	59044	• Ronan	59864
Belt	59412	• Emigrant	59027	• Laurel	59046	• Roscoe	59071
Big Arm	59910	• Ennis	59729	• Lavina	59039	• Roundup	59072
Bigfork	59911	• Eureka	59917	• Lima	59739	• Rudyard	59540
Big Sky	59716	• Fairfield	59436	• Lincoln	59639	• Rudyard	59074
Billings	59101-59108	• Fishtail	59028	• Lloyd	59535	• Ryegate	59867
	59111-59117	• Florence	59833	• Lodge Grass	59050	• Saltese	59472
		• Floweree	59440	• Lolo	59847	• Sand Coulee	59868
Black Eagle	59414	• Fort Benton	59442	• Loma	59848	• Seeley Lake	59078
Bonner	59632	• Fort Harrison	59636	• Lonepine	59461	• Shawmut	59079
Boulder	59521	• Fort Shaw	59443	• Lothair	59068	• Shepherd	59749
Box Elder	59013	• Fortine	59918	• Luther	59741	• Sheridan	59450
Boyd	59715	• Frenchtown	59834	• Manhattan	59925	• Shonkin	59041
Bozeman	59717	• Fromberg	59029	• Marion	59926	• Silesia	59751
	59718	• Galata	59444	• Martin City	59053	• Silver Star	59477
	59719	• Gallatin Gateway	59730	• Martinsdale	59640	• Simms	59932
	59771	• Garneill	59445	• Marysville	59740	• Somers	59865
	59772	• Garrison	59731	• McAllister	59743	• St. Ignatius	59866
	59773	• Garryowen	59031	• Melrose	59055	• St. Regis	59075
Brady	59416	• Geraldine	59446	• Melville	59851	• St. Xavier	59870
Bridger	59014	• Geyser	59447	• Milltown	59801	• Stevensville	59480
Broadview	59015	• Gildford	59525	• Missoula	59802	• Stockett	59933
Buffalo	59418	• Glen	59732	•	59803	• Styker	59871
Butte	59701	• Gold Creek	59733	•	59804	• Sula	59483
	59702	• Grantsdale	59835	•	59806	• Sun River	59872
	59703	• Great Falls	59401	•	59807	• Superior	59911
	59707	•	59402	•	59808	• Swan Lake	59873
	59750	•	59403	•	59812	• Thompson Falls	59752
		•	59404	•	59824	• Three Forks	59472
Bynum	59633	•	59405	• Moiese	59057	• Tracy	59934
Canyon Creek	59721	•	59406	• Molt	59463	• Trego	59874
Cardwell	59420	• Greenough	59836	• Monarch	59634	• Trout Creek	59754
Carter	59421	• Hamilton	59840	• Montana City	59059	• Twin Bridges	59085
Cascade	59824	• Hardin	59034	• Musselshell	59465	• Two Dot	59485
Charlo	59522	• Harlowton	59036	• Neihart	59845	• Ulm	59487
Chester	59523	• Harrison	59735	• Niarada	59745	• Vaughn	59875
Chinook	59422	• Haugen	59842	• Norris	59853	• Victor	59755
Choteau	59634	• Havre	59501	• Noxon	59927	• Virginia City	59701
Clancy	59825	• Helena	59601-59602	• Olney	59854	• Walkerville	59756
Clinton	59018	•	59604	• Ovaro	59855	• Warm Springs	59936
Clyde Park	59912	•	59620	• Pablo	59856	• West Glacier	59645
Columbia Falls	59826	•	59623-59626	• Paradise	59063	• White Splhr Sprgs	59937
Condon	59827	• Helmville	59843	• Park City	59467	• Whitefish	59759
Connor	59425	• Heron	59844	• Pendroy	59858	• Whitehall	59545
Conrad	59913	• Highwood	59450	• Philipsburg	59841	• Whitelash	59086
Coram	59828	• Hingham	59528	• Pinesdale	59859	• Wilsall	59647
Corvallis	59648	• Hot Springs	59919	• Plains	59746	• Winston	59761
Craig	59902	• Hungry Horse	59037	• Polaris	59928	• Wisdom	59762
Creston	59022	• Huntley	59846	• Pole Bridge	59860	• Wise River	59648
Crow Agency	59024	• Huson	59530	• Polson	59064	• Wolf Creek	59088
Custer	59829	• Inverness	59736	• Pompeys Pillar	59747	• Worden	59547
Darby	59914	• Jackson		• Pony	59823	• Zurich	
Dayton		•		• Potomac		•	

# NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Dayton	59914	Ingomar	59039	Pryor	59066
Acton	59002	De Borgia	59830	Iverness	59530	Radersburg	59641
Alberton	59820	Decker	59025	Ismay	59336	Rapelje	59067
Amsterdam	59741	Deer Lodge	59722	Jackson	59736	Ravalli	59863
Angela	59312	Dell	59724	Jefferson City	59638	Red Lodge	59068
Arlee	59821	Dillon	59725	Joliet	59041	Reed Point	59069
Ashland	59003-59004	Dixon	59831	Jordan	59337	Ringling	59642
Augusta	59410	Dodson	59524	Judith Gap	59453	Roberts	59070
Avon	59713	Drummond	59832	Kalipsell	59901	Rollins	59931
Ballantine	59006	East Helena	59635		59902	Ronan	59864
Basin	59631	Edgar	59026		59903	Roscoe	59071
Bearcreek	59007	Elliston	59728		59904	Rosebud	59347
Belfry	59008	Elmo	59915	Kila	59920	Roundup	59072
Belgrade	59714	Emigrant	59027	Kinsey	59338		59073
Belt	59412	Essex	59916	Kremlin	59532	Rudyard	59540
Big Arm	59910	Fishtail	59028	Lame Deer	59043	Ryegate	59074
Big Sandy	59520	Florence	59833	Laurel	59044	Saco	59261
Big Sky	59716	Floweree	59440	Lavina	59046	Saint Ignatius	59865
Big Timber	59011	Forsyth	59327	Libby	59923	Saint Regis	59866
Bigfork	59911	Fort Benton	59442	Lima	59739	Saint Xavier	59075
Bighorn	59010	Fort Harrison	59636	Lincoln	59639	Saltese	59867
Billings	59101-59108	Fort Shaw	59443	Livingston	59047	Sand Coulee	59472
	59111-59117	Frenchtown	59834	Lloyd	59535	Sand Springs	59077
Birney	59012	Fromberg	59029	Lodge Grass	59050	Sanders	59076
Black Eagle	59414	Gallatin Gateway	59730	Lolo	59847	Seeley Lake	59868
Bonner	59823	Gardiner	59030	Loma	59460	Shawmut	59078
Boulder	59632	Garrison	59731	Lonepine	59848	Shepherd	59079
Box Elder	59521	Garryowen	59031	Loring	59537	Somers	59932
Boyd	59013	Geraldine	59446	Malmstrom AFB	59402	Springdale	59082
Bozeman	59715	Gildford	59525	Malta	59538	Stevensville	59870
	59717	Glen	59732	Manhattan	59741	Stockett	59480
	59718	Gold Creek	59733	Martin Cty	59926	Sula	59871
	59719	Grantsdale	59835	Martinsdale	59053	Sumatra	59083
	59771	Great Falls	59401	Marysville	59640	Sun River	59483
	59772		59403	McLeod	59052	Superior	59872
	59773		59404	Melstone	59054	Thompson Falls	59873
Bridger	59014		59405	Melville	59055	Three Forks	59752
Broadview	59015		59406	Miles City	59301	Toston	59643
Brusett	59318	Greenough	59836	Milltown	59851	Townsend	59644
Busby	59016	Greycliff	59033	Missoula	59801	Trout Creek	59874
Canyon Creek	59633	Hall	59837		59802	Troy	59935
Cardwell	59721	Hamilton	59840		59803	Turner	59542
Carter	59420	Hardin	59034		59804	Two Dot	59085
Cascade	59421	Harlem	59526		59806	Ulm	59485
Charlo	59824	Harlowton	59036		59807	Vaughn	59487
Chinook	59523	Hathaway	59333		59808	Victor	59875
Churchill	59741	Haugan	59842		59812	Volberg	59351
Clancy	59634	Havre	59501	Molt	59057	West Glacier	59936
Clinton	59825	Hays	59527	Mosby	59058	Whitefish	59937
Clyde Park	59018	Helena	59601-59602	Musselshell	59059	White Slphr Sprngs	59645
Cohagen	59322		59604	Noxon	59853	Whitehall	59759
Colstrip	59323		59620	Nye	59061	Whitewater	59544
Columbia Falls	59912		59623-59626	Ovando	59854	Willow Creek	59760
Columbus	59019	Helmville	59843	Pablo	59855	Wilsall	59086
Condon	59826	Heron	59844	Paradise	59856	Winston	59647
Conner	59827	Highwood	59450	Park City	59063	Wisdom	59761
Cooke City	59020	Hingham	59528	Philipsburg	59858	Wise River	59762
Coram	59913	Hogeland	59529	Pinesdale	59841	Wolf Creek	59648
Corvallis	59828	Hot Springs	59845	Plains	59859	Worden	59088
Crow Agency	59022	Hungry Horse	59919	Polaris	59746	Wyola	59089
Cushman	59046	Huntley	59037	Polson	59860	Yellowtail	59035
Custer	59024	Huson	59846	Pompeys Pillar	59064	Zortman	59546
Darby	59829	Hysham	59038	Pray	59065	Zurich	59547
				Proctor	59929		



# PEAK HEALTH MANAGED CARE AREAS

City	Zip Code	City	Zip Code		
Acton	59002	Roscoe	59071		
Anaconda	59711	Rosebud	59347		
Angela	59312	Saint Xavier	59075		
Ashland	59003	Sanders	59076		
Ballantine	59006	Shepherd	59079		
Bearcreek	59007	Sumatra	59083		
Belfry	59008	Volborg	59351		
Bighorn	59010	Warm Springs	59756		
Billings	59101	Whitehall	59759		
	59102	Worden	59088		
	59103	Wyola	59089		
	59104	Yellowtail	59035		
	59105				
	59106				
	59107				
	59108				
	59111				
	59112				
	59114				
	59115				
	59116				
	59117				
Birney	59012				
Boyd	59013				
Bridger	59014				
Broadview	59015				
Busby	59016				
Butte	59701				
	59702				
	59703				
	59707				
	59750				
Cardwell	59721				
Colstrip	59323				
Crow Agency	59022				
Custer	59024				
Decker	59025				
Deer Lodge	59722				
Divide	59727				
Edgar	59026				
Forsyth	59327				
Fromberg	59029				
Garrison	59731				
Garryowen	59031				
Gold Creek	59733				
Hardin	59034				
Hathaway	59333				
Huntley	59037				
Hysham	59038				
Ingomar	59039				
Ismay	59336				
Joliet	59041				
Kinsey	59338				
Lame Deer	59043				
Laurel	59044				
Lodge Grass	59050				
Melrose	59743				
Miles City	59301				
Pompeys Pillar	59064				
Pryor	59066				
Ramsay	59748				
Red Lodge	59068				
Roberts	59070				

# PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred	20% Coinsurance	:	
Anaconda	Community Hospital of Anaconda	:	Malta Phillips County Medical Center
Baker	Fallon Medical Complex	:	Miles City Holy Rosary Healthcare
Big Timber	Pioneer Medical Center	:	Missoula Big Sky Surgery Center
Billings	Billings Cataract and Laser Surgicenter	:	Missoula Bone & Joint Surgery Center
	Deaconess Billings Clinic	:	Providence Surgery Center
	Health South Surgery Center	:	Rocky Mountain Eye Surgery Center
	LaGreca Eye Clinic	:	St. Patrick's Hospital and Health Sciences
	St. Vincent's Healthcare Center	:	Philipsburg Granite County Medical Center
	Yellowstone Surgery Center	:	Plains Clark Fork Valley Hospital
Bozeman	Bozeman Deaconess Hospital	:	Plentywood Sheridan Memorial Hospital
	Rocky Mountain Surgical Center	:	Polson St. Joseph Hospital
	Sameday Surgery Center	:	Poplar Poplar Community Hospital
Butte	St. James Healthcare	:	Red Lodge Beartooth Hospital and Health Center
	Summit Surgery Center	:	Ronan St. Luke Community Hospital
Chester	Liberty County Hospital	:	Roundup Roundup Memorial Hospital
Choteau	Teton Medical Center	:	Scobey Daniels Memorial Hospital
Circle	McCone County Health Center	:	Shelby Marias Medical Center
Columbus	Stillwater Community Hospital	:	Sheridan Ruby Valley Hospital
Conrad	Pondera Medical Center	:	Sidney Sidney Health Center
Culbertson	Roosevelt Memorial Medical Center	:	Superior Mineral County Hospital
Cut Bank	Northern Rockies Medical Center	:	Terry Prairie Community CAH
Deer Lodge	Powell County Memorial Hospital	:	Townsend Broadwater Health Center
Dillon	Barrett Hospital and Health Care	:	Whitefish North Valley Hospital
Ennis	Madison Valley Hospital	:	White Sulphur Mountainview Medical Center
Forsyth	Rosebud Health Care Center	:	Springs
Fort Benton	Missouri River Medical Center	:	Wolf Point Northeast Montana Health Services
Great Falls	Benefis Health Care	:	Non-Preferred 35% Coinsurance
	Great Falls Clinic Surgery Center	:	Big Sandy Big Sandy Medical Center
	Pacific Cataract and Laser Institute	:	Ekalaka Dahl Memorial Healthcare
Hamilton	Marcus Daly Memorial Hospital	:	Glasgow Frances Mahon Deaconess Hospital
Hardin	Big Horn County Memorial Hospital	:	Glendive Glendive Medical Center
Harlowton	Wheatland Memorial Hospital	:	Great Falls Central Montana Surgical Hospital
Helena	Helena Surgicenter	:	Havre Northern Montana Hospital
	St. Peter's Hospital	:	Helena Shodair Hospital
Kalispell	Heathcenter Northwest	:	Jordan Garfield County Health Center
	Kalispell Regional Medical Center	:	Missoula Community Medical Center
Lewistown	Central Montana Medical Center	:	(Maternity Services - 25%)
Libby	St. John's Lutheran Hospital	:	Philipsburg Granite County Medical Center
Livingston	Livingston Memorial Hospital	:	All Other 25% Coinsurance

# PARTICIPATING HOSPITALS - MANAGED CARE PLANS

## BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
	HealthCenter Northwest
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital and Health Sciences
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

## NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Libby	St. John's Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Missoula	Community Medical Center
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Stevensville	Community Medical
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital

## PEAK HEALTH

Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Miles City	Holy Rosary Health Center
Red Lodge	Beartooth Hospital and Health Center

# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
<b>Absarokee</b>	Exley, Jack L.	Family Practice		Metzger, Michael E.	Internal Medicine
	Fouts, Thomas B.	Family Practice		Michels, Frank C.	Family Practice
<b>Anaconda</b>	Baker, Shawna L.	Family Practice		Moore, Douglas L.	General Practice
	Mitchell, Michael J.	Family Practice		Neuhoff, Douglas A.	OB & GYN
	Rafferty, Michael C.	Family Practice		Nichols, Robert James	Family Practice
	Reiter, William M.	Internal Medicine		Nicholson, Laura	Pediatrics
	Robison, Jill D.	Pediatrics		Petersen, Susan J.	Family Practice
	Yates, Ati H.	Internal Medicine		Peterson, Erica L.	Family Practice
<b>Belgrade</b>	King, David	Family Practice		Pierson, Michelle	Pediatrics
	Kjerstad, Heather	Family Practice		Sauer, John Patrick	Pediatrics
	Moran, Patricia	Family Practice		Schiffert, Martin G.	Family Practice
<b>Bigfork</b>	Jenko, Thomas G.	Family Practice		Schnitzer, Brian M.	Family Practice
				Sears, Scott E.	Internal Medicine
<b>Billings</b>	Agnew, Deborah G.	Pediatrics		Shaub, Stephen R.	Family Practice
	Anderson, Richard D.	Internal Medicine		Sorensen, Neal B.	Internal Medicine
	Ashcraft, Jimmie L.	Family Practice		Standish, David D.	Pediatrics
	Beijer, Kerstin A.	Family Practice		Stanley, Merrill Scott	Family Practice
	Bullman, Jon M.	Family Practice		Starr, Brian L.	Pediatrics
	Busch, Byron J.	Internal Medicine		Stevens, Richard C.	Pediatrics
	Campbell, Bruce G.	Family Practice		Tapia, Lionel Edward	Pediatrics
	Center, Dean M.	Family Practice		Thompson, Frank R.	Family Practice
	Collett, Gordon C.	Pediatrics		Wickstrom, Glenda C.	Internal Medicine
	Cook, Cheryl S.	Internal Medicine		Williamson, Steven	Family Practice
	Crichlow, Renee M.	Family Practice		Winbush, Nicole	Family Practice
	Dahl, Dona Chimene	OB & GYN	<b>Boulder</b>	Burkholder, James N.	Family Practice
	Ezell, Douglas T.	OB & GYN		Lechner, David W.	Family Practice
	Fahrenwald, Roxanne	Family Practice		Sargent, Richard P.	Family Practice
	Fishburn, Amy M.	Internal Medicine		Wampler, Todd B.	Family Practice
	Forseth, Hal W.	OB & GYN	<b>Bozeman</b>	Adams, Timothy	Internal Medicine
	Fuller, Bradley D.	Internal Medicine		Benda, Gabor	Family Practice
	Gerbasi, Paolo F.	Family Practice		Canner, Rebecca	Family Practice
	Gobin, Mark R.	Internal Medicine		Cleary, James	Family Practice
	Gray, Jr., Jimmy	Internal Medicine		Fairbanks, Tracy	Family Practice
	Grewell, Donald A.	Family Practice		Flaherty, Robert	Family Practice
	Gunville, Fred E.	Pediatrics		Fuller, Dell	Family Practice
	Guyer, James W.	Family Practice		Gillis, Shaun	OB & GYN
	Hagan, Michael C.	Internal Medicine		Gomez-Kirchhoff, Colette	Family Practice
	Hager, Dwight R.	Family Practice		Gulbranson, Lexi	Family Practice
	Hinshaw, James C.	OB & GYN		Hildner, Thomas	Family Practice
	Hugelen, Julie A.	Family Practice		Hoffman, David	Family Practice
	James, Thomas R.	Family Practice		Johnson, Jerrold	Family Practice
	Johnson, David F.	Internal Medicine		McLaughlin, David	Family Practice
	Johnson, Jeffrey S.	Internal Medicine		Nickisch, Stephen	OB & GYN
	Johnson, Linda R.	Pediatrics		Omohundro, Luke	Family Practice
	Johnson, Vernon N.	Family Practice		Pessl, Erich	Family Practice
	Kadri, Abdulmajeed	Internal Medicine		Ramsey, Leonard	Family Practice
	Kadri, Kathy Fay	Internal Medicine		Schneider, Gregory	Family Practice
	Kelker, Paul A.	Pediatrics		Sonnenburg, Larry	Family Practice
	Kenamore, Claire L.	Pediatrics		Waterman, Cathy	Family Practice
	Kent, Thomas F.	OB & GYN		Wheeler, Heather	Family Practice
	Kirkland, Brenda	Family Practice	<b>Bridger</b>	Exley, Jack L.	Family Practice
	Kummer, Marian E.	Pediatrics		Fouts, Thomas B.	Family Practice
	Langohr, Janis I.	Pediatrics		Zavala, Jeffrey S.	Family Practice
	Maheras, Joseph C.	Internal Medicine	<b>Butte</b>	Abbo-Deeb, Azza	Pediatrics
	Malloy, John J.	Family Practice		Bodine, Jonathan A.	Internal Medicine
	Malters, Edward C.	Internal Medicine		Chamberlain, David Paul	Internal Medicine
	McClave, Charles R.	Internal Medicine			

# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Cortese, Florian M.	Internal Medicine		Bergman, Bradford A.	Internal Medicine
	Ellis, William Bruce	Family Practice		Braget, Daren J.	OB & GYN
	Gould, Stanley F.	OB & GYN		Buffington, Gary A.	Internal Medicine
	Graham, Kenneth J.	Pediatrics		Burleigh, Peter L.	OB & GYN
	Hunt, Kenneth C.	Family Practice		Chapman, Vicki L.	OB & GYN
	Karmaker, Nivedita	Pediatrics		Chrzanowski, Steven M.	Internal Medicine
	Kautzman, Jessie	Family Practice		Cruise, Jennifer L.	Family Practice
	Konecny, Anthony M.	Family Practice		Eck, Marci J.	OB & GYN
	Kronenberger, Brett N.	Internal Medicine		Effertz, Susan J.	Internal Medicine
	McGree, Patrick J.	Family Practice		Engbrecht, David R.	Family Practice
	Mosqueda, Eric N	Pediatrics		Garrity, Deborah M.	Pediatrics
	Mulcaire-Jones, George	Family Practice		Garver, Michael K.	Pediatrics
	Pullman, John	Internal Medicine		Gerrity, Nora C.	Pediatrics
	Sager, Wayne L.	Pediatrics		Gordon, Daniel	Family Practice
	Salisbury, Dennis F.	Family Practice		Handwerk, Francis J.	OB & GYN
	Sessions, Lisa K.H.	Family Practice		Harkness, James E.	Family Practice
	Shepherd, Susan M	Pediatrics		Hinz, Jeffrey P.	Pediatrics
	Siddoway, Paul R.	Internal Medicine		Houlihan, Gregory S.	Family Practice
	Sironi, Rindo R.	OB & GYN		Johnson, Marcus A.	Family Practice
	Taverna, Jacob M.	Internal Medicine		Joyner, Donald R.	OB & GYN
	Wilson, Judith H.	Internal Medicine		Key, Thomas C.	OB & GYN
<b>Chester</b>	Earl, Anna M.	Family Practice		Krauss, Kirsten	Internal Medicine
	Kozakiewicz, Richard S.	Family Practice		Kuykendall, Julie L	OB & GYN
	Young, Gladys E.	Family Practice		Lee, Dorothy Tai-Shil	OB & GYN
<b>Chinook</b>	Blossom, Mark	Internal Medicine		Legan, James B.	Internal Medicine
	Nemes, Joseph Z.	General Practice		Lenz, Tony J.	Internal Medicine
	White, Barry			Mahan, John W.	Internal Medicine
<b>Choteau</b>	Shelton, Laura K.	Family Practice		Margaris, Melchisedek L.	Family Practice
<b>Columbia Falls</b>	Brandeberry, Eric	Family Practice		Marron, Colleen M.	Pediatrics
	Carlson, Mary Ann	Pediatrics		Martin, Bryan E	Internal Medicine
	Gedlaman, Derek A.	Family Practice		Matelich, Craig C.	Pediatrics
	Miller, Joan M.	Family Practice		Maynard, Nancy J.	Pediatrics
	Pitman, Douglas J.	Family Practice		McClure, Robert J.	OB & GYN
	Tremper, John H.	Family Practice		Messick-Laeven, Petra M.	Pediatrics
<b>Corvallis</b>	Courchesne, Yvonne K.	Family Practice		Miles, Mark R.	OB & GYN
	Rudd, Jane P.	Family Practice		Miller, Frederick G.	Internal Medicine
<b>Dillon</b>	Madany, John	Family Practice		Mills, Angela L	Family Practice
<b>Eureka</b>	Ionescu, Raluca M.	Internal Medicine		Norum, Nora E.	Family Practice
	Ionescu, Serban I.	Internal Medicine		Roux, Timothy P	Internal Medicine
	Stein, Edward P.	Family Practice		Speer, Jerry W.	Family Practice
<b>Florence</b>	Downey, David Robert	Family Practice		Swift, Douglas E.	Internal Medicine
	Milan, Georgia A.	Family Practice		Treptow, Craig L	Family Practice
<b>Fort Benton</b>	Buck, Mark K.	Family Practice		Triehy, Thomas G.	Family Practice
<b>Frenchtown</b>	Marks, Robert D.	Family Practice		Vargo, Patsy M.	Family Practice
<b>Geraldine</b>	Buck, Mark K.	Family Practice		Weill, Timothy C.	Family Practice
<b>Great Falls</b>	Addison, T Brice	Internal Medicine		Welsh, Carey J.	Family Practice
	Anderson, Loy L.	Family Practice		Welsh, Tamara	Family Practice
	Asthalter, James H.	Family Practice		Wood, Julie A.	Family Practice
	Avery, Susan H.	Family Practice		Yturri, James A	Internal Medicine
	Barker, Marci L.	Family Practice	<b>Hamilton</b>	Ashcraft, Walker J.	Family Practice
				Borino, Teresa P.	Family Practice
				Brouwer, Lawrence D.	Family Practice
				Courchesne, John R.	Internal Medicine
				Courchesne, Yvonne K.	Family Practice
				Gillis, Harry G	Pediatrics
				Harder-Brouwer, Kathleen	Family Practice
				Heath, H. Brett	Family Practice
				Jones, Ellyn P.	Pediatrics
				Milch, Lisa J.	Internal Medicine



# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Moran, Michael P.	Family Practice		Sargent, Richard P.	Family Practice
	Moreland, John P.	Internal Medicine		Schoderbek, William E.	Internal Medicine
	Smith, Gary	Internal Medicine		Seitz, Tristan A.	Internal Medicine
	Stewart, Randy L.	Family Practice		Snider, William C.	Family Practice
	White, Marshall W.	OB & GYN		Strekall, Michael S.	Family Practice
<b>Hardin</b>	Billin, Aaron R.	Family Practice		Strickler, Jeffrey H.	Pediatrics
	Greimann, Carolyn S.	Family Practice		Strizich, Thomas A.	Pediatrics
	Ostahowski, Gary A	Family Practice		Wampler, Todd B.	Family Practice
	Trevino, Carlos F.	Family Practice		Weitz, Brian C.	Family Practice
<b>Harlowton</b>	MacCart, John G.	Family Practice		Wiley, Frank W.	Family Practice
	Smith, Justin	Family Practice		Williams, Derek J.	Family Practice
	Wolf, Mary M	Family Practice	<b>Heron</b>	Drye, John N.	Family Practice
<b>Havre</b>	Blossom, Mark Edward	Internal Medicine	<b>Hot Springs</b>	Damschen, Rhonda Elaine	Family Practice
	Booth, Thomas D.	Family Practice		Drye, John N.	Family Practice
	Henderson, Robert T.	Internal Medicine		Hanson, Gregory S.	Family Practice
	Huffman, Phillip A	Internal Medicine	<b>Kalispell</b>	Anderson, Jonathan M.	Family Practice
	Latkovich, Katarina	Internal Medicine		Armstrong, Jr., James H.	Family Practice
	Lien, Karen E	Family Practice		Bukacek, Ann M.	Internal Medicine
	Miller, Frank L	OB & GYN		Caughlan, Thomas V.	Internal Medicine
	Nolan, Michael D.	Family Practice		Csaplar, Laura J.	Pediatrics
	Richardson, Bruce W.	Family Practice		Davis, Jack L.	Internal Medicine
	Swietnicki, Suzanne R.	OB & GYN		Dixon, Charles L.	Family Practice
	Ward, Mark A.	Internal Medicine		Dykstra, Lynn A.	Pediatrics
<b>Helena</b>	Augustine, Teresa	Pediatrics		Evans, Stephen S	Internal Medicine
	Batey, William M.	Family Practice		Fetzer, Candace R.	Internal Medicine
	Borman, Nancy	Family Practice		Fleischer, Lisa Ann	Family Practice
	Bower, Ryan T.	Family Practice		Gill, Christopher H.	Internal Medicine
	Brunsdon, Jennifer	Family Practice		Habel, David C.	Internal Medicine
	Burkholder, James N.	Family Practice		Johnson, Marise K.	Internal Medicine
	Cody, Karen E.	Family Practice		Jonas, Kenneth L.	Family Practice
	Crichton, James W.	Family Practice		Kiley, James A.	Family Practice
	Danielson, Michelle	Pediatrics		Law, Linda C.	Family Practice
	Eodice, Diane M.	Family Practice		Layer, John H.	Internal Medicine
	Eodice, Paul A.	Family Practice		Ludden, Charles B.	OB & GYN
	Fernandez, William N.	Internal Medicine		Nelson, Douglas A.	Internal Medicine
	Fritz, Blayne L.	Pediatrics		Oehrtman, Pamela R.	Family Practice
	Harrison, Virginia Lee	Internal Medicine		Palchak, Andrew E.	Family Practice
	Hess, Phillip A.	Family Practice		Sherrick, Robert C.	Internal Medicine
	Hesskamp, Daniel E.	Internal Medicine		Sorensen, Mark J.	Pediatrics
	Howell, Sheri S.	Family Practice		Swanberg, Louise E.	Internal Medicine
	Hunter, Kristine A.	Internal Medicine		Treadwell, Leah	Family Practice
	Justad, Jean M.	Internal Medicine		Vranish, Loren S.	Family Practice
	Keefe, Erin M.	Pediatrics		Wilder, Wallace S.	Pediatrics
	Krainacker, David A.	Family Practice		Winkel, R. Dennis	Family Practice
	Kreisberg, Mark S.	Internal Medicine		Wise, Richard C.	Family Practice
	Kubicka, Kurt T.	Family Practice	<b>Laurel</b>	Forseth, Lori A.	Family Practice
	Larson, Jay L.	Internal Medicine		Hager, Dwight R.	Family Practice
	Lechner, David W.	Family Practice		McCrea, Kevin G	Family Practice
	Maher, James J.	Family Practice		Richardson, E. Lee	Family Practice
	Malany, Andrew M.	OB & GYN		Ulrich, Robert C	Family Practice
	Marx, Shari K.	Internal Medicine		VanNice, Robert B.	Family Practice
	McMahon Jr., Jack W.	OB & GYN	<b>Livingston</b>	Burwell, Shawn	OB & GYN
	McRee, Heather	Family Practice		Canner, Rebecca	Family Practice
	Nordwick, Nancie	Pediatrics		Cleary, James	Family Practice
	Palciski, Michael	Pediatrics		Flook, Benjamin	Family Practice
	Reynolds, John A.	Pediatrics		Helin, Denise	OB & GYN
	Riessen, Erik R.	Internal Medicine			

# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Noteboom, Dennis	General Practice		Ragar, Todd Jonathon	Family Practice
	O'Hara, Peggy	Pediatrics		Zavala, Jeffrey S.	Family Practice
	Pessl, Erich	Family Practice			
	Reid, Genevieve	Family Practice	<b>Ronan</b>	Bahnmler, Daniel E.	OB & GYN
	Schneider, Gregory	Family Practice		Carte, Timothy W.	Pediatrics
	Schulein, Mark	Family Practice		Cullis, William C.	Family Practice
				Gochis, Paul D.	Family Practice
<b>Lolo</b>	Gomersall, Janice R.	Family Practice		Heppe, Mark	Family Practice
	Vasquez, Ned F.	Family Practice		Jones, Heather	Family Practice
				Martin, Wayne R.	Family Practice
<b>Miles City</b>	Drivdahl-Smith, Christine	Family Practice		Vizcarra, Ed T.	Family Practice
	Vasquez, Ned F.	Family Practice			
			<b>Roundup</b>	Madi, Ahmed M	Internal Medicine
<b>Missoula</b>	Arnold, John E.	Pediatrics			
	Autio, Lar K.	Family Practice	<b>Saint Ignatius</b>	Bahnmler, Daniel E.	OB & GYN
	Calderwood, Terence M.	Family Practice		Davis, Victor M.	General Practice
	Caldwell, J. Michael	Internal Medicine			
	Ferguson, John	OB & GYN	<b>Seeley Lake</b>	Barstad, Christine R.	Family Practice
	Gottman, Dirk R.	Pediatrics			
	Harvey, Gary P.	OB & GYN	<b>Sheridan</b>	Googe, Sarah Lynn	Family Practice
	Hughson, H. Eric	Internal Medicine		Hendrickson, Roman M.	Family Practice
	Kress, Eric Jon	Family Practice			
	Langenderfer, Mary C.	Internal Medicine	<b>Stevensville</b>	Baldrige, Teresa A.	Internal Medicine
	Lovejoy, Lisa	Family Practice		Courchesne, Yvonne K.	Family Practice
	Marks, Robert D.	Family Practice		Crews, Kirk Leroy	Family Practice
	McDonald, Judith D.	Family Practice		Downey, David Robert	Family Practice
	Murphy, Anne Marie	Internal Medicine		Paul, Mark C.	Family Practice
	Nevin, Donald R.	Family Practice		Reed, Frank M.	Family Practice
	Ravitz, Eric A.	Family Practice		Rudd, Jane P.	Family Practice
	Roberts, Thomas H.	Internal Medicine			
	Rogers, Kathleen S.	Pediatrics	<b>Thompson Falls</b>	Damschen, Rhonda Elaine	Family Practice
	Saberhagen, Eric	Internal Medicine		Drye, John N.	Family Practice
	Seagraves, Stan H.	Internal Medicine		French, Dean O.	Family Practice
	Sheehan, Kevin M	Internal Medicine		Hanson, Gregory S.	Family Practice
	Szekely, Peter C.	Internal Medicine		Lovell, Randy J.	Family Practice
	Visscher, Judith K.	Family Practice		Nelson, Raymond C.	General Practice
	Yahn, Diane M.	Internal Medicine			
<b>Noxon</b>	Drye, John N.	Family Practice	<b>Trout Creek</b>	Drye, John N.	Family Practice
<b>Phillipsburg</b>	Corbin, Michelle Kay	Family Practice	<b>White Sulphur Springs</b>	Bullington, Ben P.	Internal Medicine
	Stinson, Kathy	Family Practice		Steinberg, Marc P.	Pediatrics
<b>Plains</b>	Damschen, Rhonda Elaine	Family Practice	<b>Whitefish</b>	Beach, D. Randall	OB & GYN
	Drye, John N.	Family Practice		Bowden, Mirna D.	OB & GYN
	French, Dean O.	Family Practice		Charman, Charles S.	Internal Medicine
	Hanson, Gregory S.	Family Practice		Daniell, Suzanne D.	Internal Medicine
				Erickson, Jay S.	Family Practice
<b>Polson</b>	Carte, Timothy W.	Pediatrics		Holdhusen, Christopher J.	Family Practice
	Drye, John N.	Family Practice		Kalbfleisch, John N.	Family Practice
	Gochis, Paul D.	Family Practice		Miller, Jon A.	Family Practice
	Gorman, David E	Family Practice		Miller, Ronald A.	Family Practice
	Harrop, Cara J.	Family Practice		Munzing, Daniel E.	Family Practice
	Irwin, R. Stephen	Family Practice		Neff, Kathryn H.	Family Practice
	Palmieri, Steven W.	Family Practice			
	Panos, Craig J.	Family Practice	<b>Whitehall</b>	Reiff, Terry D.	Family Practice
	Probst, Dennis	Family Practice		Sacry, Gayle	Family Practice
	Rausch, Daniel	Family Practice			
	Stahl, Steve D.	Family Practice	<b>Worden</b>	Stanley, Merrill Scott	Family Practice
<b>Red Lodge</b>	Fouts, Thomas B.	Family Practice			

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
<b>Anaconda</b>	Baker	Shawna	MD		Dahl	Chimene	MD
	Bodurtha	Susan	NP		Danaher	Julie	MD
	Connors	Stacie	APRN		Davis	Clifford	MD
	Garrels	Lloyd	MD		Decke	Gabriella	PAC
	Mitchell	Michael	MD		Deleonardo	Jack	PA
	Rafferty	Michael	MD		Donnelly	Christine	MD
	Reiter	William	MD		Dubravac	Stephanie	MD
	Robison	Jill	MD		Duncan	Heidi	MD
	Susie	Michelle	NP		Emery	Dale	MD
	Yates	Ati	MD		Etchart	Jodee	PA
<b>Belgrade</b>	Jenkins	David	MD		Ezell	Douglas	MD
	King	David	MD		Fahrenwald	Roxanne	MD
	Kjerstad	Heather	MD		Fletcher	Cheryl	CRNP
	Mentel	Marc	MD		Forseth	Halfdan	MD
	Moran	Patricia	MD		Fouts	Thomas	MD
	Nicoll	Judith	MD		Fullerton	Brian	MD
<b>Big Sandy</b>	Lanchbury	Forrest	MD		Gall	Daniel	MD
	Reichelt	Connie	MD		Gallo	Susan	MD
<b>Big Timber</b>	Jacquay	Paul	PAC		Gerstner	Steven	MD
	Kelley	John	MD		Gilbert	Derek	MD
	Peden	Kirby	MD		Girolami	James	MD
	Walker	Wallace	MD		Giusti	Robert	NP
	Walton	Sarah	FNP		Grewell	Donald	DO
<b>Bigfork</b>	Cornell	Lea	MD		Gunville	Fred	MD
	Jenko	Thomas	MD		Guyer	James	MD
	Lee	Joyce	PA		Guzman	Glenn	MD
<b>Billings</b>	Ackerman	Lorraine	FNP		Hall	Kathryn	PAC
	Adler	Jacqueline	MD		Hamilton	Beth	PAC
	Agnew	Deborah	MD		Harmon	Lisa	PA
	Amsden	Jessica	PAC		Harris	James	MD
	Argani	Faranak	MD		Hartman	Ullaine	NP
	Asbell	Susan	FNP		Hemmer	Lawrence	MD
	Ashcraft	Jimmie	MD		Hinshaw	James	MD
	Bailey	Jessica	MCSO		Holden	Gene	MD
	Base	Stephen	MD		Holland	Patrick	MD
	Baskett	Kathleen	MD		Holland	Randy	PAC
	Beamer	Mark	MD		Hull	Todd	PA
	Billin	Aaron	MD		Husby	Lucinda	MD
	Bowlby	Adair	MD		Jackson	Craig	PA
	Braden	Jean	APRN		Johnson	Julie	MD
	Bradford	Tyler	MD		Johnson	Linda	MD
	Brown	Christopher	MD		Johnson	Liz	RN
	Brown	Elaine	MD		Johnson	Sandra	MD
	Cabell	Karen	MD		Johnson	Vernon	MD
	Campbell	Bruce	MD		Jones	Leslie	PA
	Canty	Stephanie	MD		Kale	Kari	MD
	Carr	F Douglas	MD		Kammerzell	Yvonne	APRN
	Castles	Shelly	MD		Kelker	Paul	MD
	Center	Dean	MD		Kelley	John	MD
	Collett	Gordon	MD		Kelly	Alberta	MD
	Collins	Kathy	PAC		Kenamore	Claire	MD
	Coon	Patricia	MD		Kennedy	Marie	PAC
	Covlin	Miahel	MD		Kent	Thomas	MD
	Crichlow	Renee	MD		Kent	Valerie	MD
	Crowell	Courtney	MD		Kiernan	Gerard	MD
	Cruickshank	Sandra	FNP		King	J Emmett	MD
					Klee	Karen	MD
					Knapp	Howard	MD
					Kobrine	Lori	MD
					Kobrine	Steven	MD



# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE
	Kummer Marian	MD		Sienkiewicz Holly	APRN
	Lala Kelli	MD		Smith Angela	PA
	Lambert Thomas	MD		Smith Chris	PAC
	Langohr Janis	MD		Smith Ronald	MD
	Louwrens Neil	MD		Smith Teresa	APRN
	Love Jenny	MD		Sonntag Steven	MD
	Lyson Linda	RN		Spillman Richard	PA
	McComb-Goins Stacy	PAC		Standish David	MD
	McCracken Clayton	MD		Starr Brian	MD
	McCue Gregory	MD		Stevens Richard	MD
	McDonnell Christine	MD		Stock Darrel	MD
	McDonough Catherine	FNP		Stockman Nancy	FNP
	Mainini Stephen	MD		Subramanian Sanjay	MD
	Maki Janey	MD		Szabo Laura	MD
	Makowski Suzana	MD		Tapia Lionel	MD
	Mehia Denise	MD		Thompson Frank	MD
	Mentikov Jeanie	PA		Uptergrove Kevin	MD
	Miles Mark	MD		Vadheim A	MD
	Mitchell Peter	MD		Weiss Deric	MD
	Moore Douglas	MD		Wendt James	MD
	Morisette Kirsten	MD		White-Asbell Susan	FNP
	Morton Douglas	MD		Whitehead Doug	MD
	Morup Stephanie	PA		Williams Jennifer	MD
	Nass Omar	MD		Williamson Steven	MD
	Neubauer Laurie	PAC		Winter Malcolm	MD
	Neuhoff Douglas	MD		Wittnam Charles	MD
	Newman Lori	MD		Wolfe Rochelle	MD
	Nicholson Laura	MD		Wong Alice	MD
	Oley III William	MD		Yoon James	MD
	Olson Thomas	MD		Young James	MD
	Oriet Patricia	MD		Young Tye	MD
	Ortiz Jeanne	MD		Zoller Dennis	MD
	Ortiz Jose	MD			
	Osborn Camille	MD	<b>Boulder</b>	Burkholder James	MD
	Osmun Cathie	PA		Lagerquist Lori	PA
	Ostermiller Dana	MD		Lechner David	MD
	Peters William	MD		Roope Beverly	FNP
	Peterson Erica	MD		Sargent Richard	MD
	Pezzarossi Patricia	MD		Wampler Todd	MD
	Pierson Michelle	MD			
	Prevost Michael	MD	<b>Bozeman</b>	Adams Timothy	MD
	Pullara Joseph	MD		Benda Gabor	MD
	Purcell III William	MD		Borgenicht Kathryn	MD
	Quirk James	MD		Bronsky Sarah	MD
	Randak Mark	MD		Cady Andrea	MD
	Rathe Laura	MD		Canner Rebecca	MD
	Rauh J Randall	MD		Comer Keven	CFNP
	Regan Dennis	MD		Conger Kenneth	MD
	Reynolds Lourdes	MD		Dubravac Stephanie	MD
	Robinson Laura	PA		Edwards Terry	MD
	Rollins James	MD		Fairbanks Tracy	MD
	Roshan Bijan	MD		Feist James	MD
	Russell Laine	DO		Gill Scott	MD
	Sachs Robert	MD		Gillis Shaun	MD
	Sauer J Patrick	MD		Hansen Juliet	MD
	Schillo Sherry	PAC		Harris Todd	MD
	Seddon Andrew	MD		Hart Heather	MD
	Shiotani Glenn	MD		Hathaway Robert	MD
	Shomento Stacy	MD			

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE
	Henryon Pepper	MD		Pereles-Ortiz Jeanne	MD
	Herring Michael	MD			
	Hiebert Pamela	MD	<b>Columbia Falls</b>	Bowden Mirna	MD
	Hildner Thomas	MD		Brandeberry Eric	MD
	Hodgson Mark	MD		Carlson Mary Ann	MD
	Hoffman David	MD		Clemens Jacqueline	APRN
	Holland Patrick	MD		Cook Julie	NP
	Idzerda Sheila	MD		Fields Richard	MD
	Izbicki Karen	MD		Gedlaman Derek	DO
	Kane Rebecca	NP		Miller Joan	MD
	Kirchhoff Colette	MD		Pitman Douglas	MD
	Krebsbach Eugene	MD		Tremper John	MD
	Livers Eric	MD			
	Loeffelholz James	MD	<b>Columbus</b>	Ackerman Lorraine	FNP
	Maleski Teresa	MD		Beamer Mark	MD
	McDonnell Christine	MD		Kane David	MD
	McInnis Charlene	MD		Klee Richard	MD
	McLaughlin David	MD	<b>Conrad</b>	Harper Daniel	MD
	Newman Lori	MD			
	Nickisch Stephen	MD	<b>Corvallis</b>	Courchesne Yvonne	MD
	Omohundro Luke	MD		Rudd Jane	MD
	Oriet Patricia	NP			
	Patterson John	MD	<b>Culbertson</b>	Kleppen Elizabeth	PA
	Persson Anders	MD			
	Peters William	MD	<b>Deer Lodge</b>	Bailey Barb	PA
	Quinn Christine	MD		Corbin Michelle	MD
	Ramsey Leonard	MD		Martin Wayne	MD
	Robbins John	MD		Oser Barry	MD
	Roberts Steven	MD			
	Saari George	MD	<b>Dillon</b>	Blake Curtis	MD
	Shomento Stacy	MD		Carrick Patricia	FNP
	Sikoski Peter	DO		Grantham Patricia	MD
	Sofianek Joseph	MD		Hansen Burke	MD
	Sonnenberg Larry	MD		Hill Nikki	NP
	Spannring Joan	MD		Loge Ronald	MD
	Vlases Michael	MD	<b>Drummond</b>	Stinson Kathy	MD
	Waterman Cathy	MD			
	Wheeler Heather	MD	<b>Eureka</b>	Sherrick Julie	CNM
	Whittinghill Susan	MD		Stein Edward	MD
	Wong Alice	MD		Tremper Jeanne	CNM
<b>Butte</b>	Burton Susan	CNM	<b>Fairfield</b>	Catron Stephanie	FNP
	Carick Patricia	MD			
	Farrell Michele	CNM	<b>Florence</b>	Bridges Carol	MD
	Gould Stanley	MD		Hartmann Daniel	MD
	Healy Sharon	APRN		Hewett Michael	PA
	Henke Paul	MD		Hutton Gregory	MD
	Popovich Keith	MD			
	Sironi Rindo	MD	<b>Forsyth</b>	Anderson William	MD
	Thuesen Vicki	MD		Hopwood Donald	MD
	Zinser Michael	MD		Whitehead Doug	MD
<b>Chinook</b>	Dupree Linda	PAC	<b>Great Falls</b>	Danaher Julie	MD
	White Barry	MD		Dixon Suzanne	MD
<b>Choteau</b>	Moore Caralynn	FNP		Era Patricia	NP
				Etzel Kelly	MD
<b>Colstrip</b>	Craig Jackson	PA		Feucht Christopher	MD
	Kelley John	MD		Flansburg Wendy	MD
	Ortiz Jose	MD		Geiszler Gerald	MD
				Gold Daniel	MD

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE
	Gordon Daniel	MD		Lien Karen	MD
	Harkness James	DO		Miller Frank	MD
	Hewett Michael	MD		Nesbo Shawn	MD
	Johnson Marcus	MD		Nolan Michael	MD
	Jorgensen Kathy	APRN		Richardson Bruce	MD
	Joyner Donald	MD		Swietnicki Suzanne	MD
	Krauss Kirsten	MD		Ward Mark	DO
	Kuykendall Julie	MD		Williams Aryls	NP
	Legan James	MD			
	Margaris Melchisdek	MD	<b>Helena</b>	Augustine Teresa	MD
	Martin Bryan	MD		Barrey Roger	PA
	Miles Mark	MD		Batey William	MD
	Nauts Daniel	MD		Bower Ryan	MD
	Robbins Joann	NP		Bristow Donna	FNP
	Strong Holly	MD		Brunsdon Jennifer	MD
	Violett Jodi	MD		Bryant Lynne	NP
	Weiss Laura	MD		Burkholder James	MD
	Wright Patricia	MD		Cody Karen	MD
<b>Hamilton</b>	Ashcraft Walker	MD		Danielson Michelle	MD
	Borino Teresa	MD		Ditchey-Hellemus Susan	CNM
	Brouwer Lawrence	MD		Eodice Diane	MD
	Courchesne John	MD		Fernandez William	MD
	Courchesne Yvonne	MD		Fritz Blayne	MD
	Favara Blaise	MD		Gormely Dawn	NP
	Forbes Virginia	FNP		Hay Michael	MD
	Harder-Brouwer Kathleen	MD		Healy Sharon	APRN
	Heath H Brett	MD		Hess Phillip	MD
	Humphrey Maria	NP		Howell Sheri	MD
	Jagelski Aaron	MD		Hunter Kristine	MD
	Laraway David	MD		Huntley Maria	MD
	Milch Lisa	MD		Hutchison Mary	NP
	Moran Michael	MD		Jordan David	MD
	Moreland John	MD		Justad Jean	MD
	Smith Gary	MD		Keefe Erin	MD
	Stewart Randy	MD		Kenny Lisa	APRN
	Wagner Alexis	FNP		Kolar Carol	CNM
	White Marshall	MD		Lagerquist Lori	PA
<b>Hardin</b>	Billin Aaron	MD		Larson Jay	MD
	Caprata Kim	PA		Lechner David	MD
	Cassidy David	MD		Malany Andrew	MD
	Greimann Carolyn	MD		McMahon Jack	MD
	Kirkland Brenda	MD		McRee Heather	MD
	Ostahowski Gary	MD		Nordwick Nancie	MD
	Trevino Carlos	MD		Palcisko Michael	MD
	Whiting Robert	MD		Porte Donna	MD
<b>Harlem</b>	Dupree Linda	PAC		Reynolds John	MD
<b>Harlowton</b>	Ham Tony	MD		Riessen Erik	MD
	MacCart John	MD		Roope Beverly	FNP
	Thompson Dwight	PA		Sargent Richard	MD
	Wolf Mary	MD		Seitz Tristan	MD
<b>Havre</b>	Blossom Mark	MD		Smigaj Denise	NP
	Booth Thomas	DO		Snider William	MD
	Emery Danielle	MD		Strekall Michael	MD
	Henderson Robert	MD		Strickler Jeffrey	MD
	Huffman Phillip	MD		Strizich Thomas	MD
	Latkovich Katarina	MD		Thuesen Vicki	MD
				Vanhorsen Jamie	FNP
				Wampler Todd	MD
				Wiley Frank	MD
				Williams Carla	MD

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
	Williams	Derek	MD		Sax	Karrin	MD
	Winfield	Linda	APRN		Schilling	Elizabeth	MD
<b>Hot Springs</b>	Brown	Cody	PAC		Shanahan	Shawn	WHCNP
	Catalanello	Mark	MD		Sherrick	Julie	CNM
	Damschen	Rhonda	MD		Sherrick	Robert	MD
	Drye	John	MD		Simensen	Cathleen	MD
	French	Dean	MD		Skonord	Karen	CFNP
	Gochis	Paul	MD		Smith	Leah	MD
	Hanson	Gregory	MD		Stratton	Peggy	CNP
	Shear	Alan	PAC		Sullivan	Janna	MD
<b>Jordan</b>	Muniak	Daniel	PAC		Swanberg	Louise	MD
<b>Kalispell</b>	Anderson	Jonathan	MD		Taylor	Richard	MD
	Armstrong	Anne	PA		Tremper	Jeanne	CNM
	Armstrong Jr.	James	MD		Trimble	Steven	PA
	Babbitt	Robert	PA		Van Belois	Bernadette	MD
	Barinowski	Linh	PAC		Vanarendonk	John	MD
	Bates	Julie	CNM		Violett	Jodi	MD
	Bechard	Jason	MD		Vranish	Loren	MD
	Birky	Perry	MD		Walker	Sarah	PAC
	Born	Scot	MD		Weber	Kyle	MD
	Bronson	Kathy	NP		Weiner	Eric	MD
	Bukacek	Ann	MD		Welch	Mark	MD
	Burgess	Susanne	MD		White	Elizabeth	MD
	Charman	Alison	ARNP		Wilder	Wallace	MD
	Cook	Julie	NP		Winkel	R Dennis	MD
	Csapler	Laura	MD		Wise	Richard	MD
	Davis	Jack	MD		Young	Kathleen	MD
	Denning	Michele	NP		Zander	Melanie	NP
	Dixon	Charles	MD	<b>Lakeside</b>	Gullotta	Suzanne	APRN
	Dugan	Shelley	PAC	<b>Libby</b>	Cuskelly	William	MD
	Dykstra	Lynn	MD		Gunther	Glenne	MD
	Evans	Stephen	MD		Rice	Gregory	MD
	Fetzer	Candace	MD	<b>Lincoln</b>	Barrey	Roger	PA
	Fleischer	Lisa	MD	<b>Livingston</b>	Anderson	Julie	MD
	Gill	Christopher	MD		Anderson	Julianne	PA
	Gillette	Dirk	PAC		Baskett	Lindsay	MD
	Grossman	Linda	MD		Burwell	Shawn	MD
	Habel	David	MD		Flook	Benjamin	MD
	Harrop	Carol	MD		Helin	Denise	MD
	Highfill	William	MD		Loh	Johnson	MD
	Johnson	Marise	MD		Noteboom	Dennis	MD
	Jonas	Gwenda	MD		O'Hara	Peggy	MD
	Jonas	Kenneth	MD		Reid	Genevieve	MD
	Knaff	Nancy	CFNP		Rowe	Thomas	MD
	Lavin	John	MD		Scanson	Peggy	NPC
	Layer	John	MD		Schulein	Mark	MD
	Ludden	Charles	MD		Scofield	Ted	MD
	Martin	Irene	MD		Supak	Allan	MD
	Nelson	Douglas	MD		Wadle	Douglas	MD
	Nelson	Gina	MD	<b>Malta</b>	Blaich	Phillip	MD
	Nelson	Kathleen	MD		Giblette	Thad	NP
	Oehrtman	Pamela	MD	<b>Miles City</b>	Amsden	Jessica	PAC
	Palchak	Andrew	MD		Base	Stephen	MD
	Peters	Dawn	CFNP		Cure	Wayne	PA
	Peterson	Dennis	MD		Holland	Randy	PAC
	Ponti	Julie	MD				
	Rausch	Tracy	MD				

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
	Maki	Janey	MD		Marks	R	MD
	Nagel	Ben	PA		Maynard	Georgia	MD
	Nass	Omar	MD		Marx	Laura	FNP
	Rauh	Randall	MD		Montgomery	Lynn	MD
	Reynolds	Lourdes	MD		Moser	Josh	PA
	Roshan	Bijan	MD		Opper	Mindy	MD
	Russell	Laine	MD		Panos	Craig	MD
	Schillo	Sherry	PAC		Peterson	Pam	MD
	Shiotani	Glenn	MD		Pitt	Jesse	MD
	Vadheim	A	MD		Pittenger	Lea	MD
	Winter	Malcolm	MD		Polus	Kelly	PA
	Young	James	MD		Priddy	Michael	MD
					Provo	Kristine	MD
<b>Missoula</b>	Anderson	Rebecca	MD		Quick	Edward	MD
	Anderson	Susan	LNP		Randall	Thomas	MD
	Arnold	John	MD		Rauch	Kristen	MD
	Bagnell	Kelly	MD		Ravitz	Eric	DO
	Baker	Cheryl	MD		Richards	Lindsay	MD
	Baumgartner	Thomas	MD		Ries	Justin	MD
	Beckel	Michael	PA		Rogers	Kathleen	MD
	Bethune	Diedra	APRN		Rogers	Robert	MD
	Bridges	Carol	MD		Rosquist	Jennifer	MD
	Burke	Timothy	MD		Samsøe	Marjorie	PA
	Carnegie	Margaret	MD		Sax	Karrin	NP
	Carte	Timothy	MD		Scott	Kevin	PA
	Cone	Clancy	MD		Seitz	Tristan	MD
	Curtis	Michael	MD		Seinkiewicz	Holly	MD
	Danaher	Julie	MD		Simmons	Sandra	MD
	Davis	Carla	MD		Smith	Stephen	MD
	Degrazio	Brenda	CNM		Stinson	Kathy	MD
	Delaney	Sharon	MD		Swinyard	Michael	MD
	Engberg	Lynn	FNP		Taylor	Susan	MD
	Everett	Nancy	MD		Thompson	Beth	MD
	Ferguson	J Paul	MD		Thorsrud	Darci	RN
	Garnaas	Mark	MD		Travis	Lee	MD
	Gerstle	Lawrence	MD		Troftgruben	Melanie	PA
	Gibson	Carla	APRN		Voneschen	Lesley	PA
	Givler	Janice	MD		Wallace	Steven	MD
	Gorman	David	MD		Webber	Douglas	MD
	Gottman	Dirk	MD		Westphal	David	MD
	Hansel-Allen	Paula	PA		Whitman	Donna	PA
	Harper	Daniel	MD				
	Hartmann	Daniel	MD	<b>Noxon</b>	Catalanello	Mark	MD
	Harvey	Gary	MD		Damschen	Rhonda	MD
	Hewett	Michael	PA		French	Dean	MD
	Hoppe	Candace	MD		Johns-Kooy	Karin	PAC
	Hubbard	Duncan	MD		Shear	Alan	MD
	Hutton	Gregory	MD				
	Knudsen	Valerie	MD	<b>Philipsburg</b>	Stinson	Kathy	MD
	Kok	Jodi	MD				
	Kornish	Gloria	PAC	<b>Plains</b>	Brown	Cody	PAC
	Kornish	Michael	MD		Catalanello	Mark	MD
	Kress	Eric	MD		Damschen	Rhonda	MD
	Laine	Ted	MD		Drye	John	MD
	Larson	Jennifer	APRN		French	Dean	MD
	Lowder	Thomas	MD		Hanson	Gregory	MD
	McCoy	Craig	MD		Mack	Randall	PAC
	McNerney	Sarah	MD		Martin	Irene	MD
	Maloney	Edward	MD		Shear	Alan	MD
					Stepanski	Suzanne	MD

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
	Strine	Jennifer	MD		Jones	Heather	MD
<b>Plentywood</b>	Stoner	Kirk	MD		Mangold	Marci	PAC
<b>Polson</b>	Bagnell	Kelly	MD		Trudeau	Randy	PAC
	Bahnmliller	Daniel	DO		Velk	Mary	MD
	Brown	Cody	PAC		Vizcarra	Ed	MD
	Carte	Timothy	MD		Yoder	Steven	MD
	Cato	Mary	APRN	<b>Sidney</b>	Freisleben-Cook	Lois	MD
	Cullis	William	MD	<b>Stevensville</b>	Baldrige	Teresa	MD
	Forney	Alison	MD		Paul	Mark	MD
	Gochis	Paul	MD		Livingston	Amanda	MD
	Gorman	David	MD		Reed	Frank	MD
	Gullotta	Suzanne	APRN		Rooley	Beverly	NP
	Harrop	Cara	MD		Turnbull	Teresa	NP
	Irwin	Stephen	MD	<b>Superior</b>	Beckel	Mike	PA
	Jones	Heather	MD		Chambers	Laurel	PAC
	Katsma	Timothy	PA		Ornelas	Ernesto	FNP
	King	Paul	NP		Park	Yong	MD
	Mangold	Marci	PAC		Smith	Terry	MD
	Palmieri	Steven	DO		Tufts	Patrick	MD
	Panos	Craig	MD	<b>Thompson Falls</b>	Brown	Cody	PAC
	Probst	Dennis	MD		Catalanello	Mark	MD
	Taylor	Susan	MD		Damschen	Rhonda	MD
	Trudeau	Randy	PAC		Drye	John	MD
	Velk	Mary	MD		French	Dean	MD
	Vizcarra	Ed	MD		Hanson	Gregory	MD
	Yoder	Steven	MD		Lovell	Randy	DO
<b>Red Lodge</b>	George	William	MD		Scarpine	Connie	MD
	Hauxwell	Clinton	MD		Shear	Alan	MD
	Mohl	Virginia	MD		Strine	Jennifer	MD
	Oley III	William	MD	<b>Townsend</b>	Brown	Laurie	MD
	Quirk	James	MD		Lyson	Linda	NP
	Zavala	Jeffrey	MD	<b>Whitefish</b>	Beach	Anita	MD
<b>Ronan</b>	Avison	Aimee	PA		Beach	Dennis	MD
	Bahnmliller	Daniel	DO		Bowden	Mirna	MD
	Bodurtha	Susan	MD		Charman	Charles	MD
	Cullis	William	MD		Copps	Emily	MD
	Gill	Christopher	MD		Daniell	Suzanne	MD
	Gochis	Paul	MD		Erickson	Jay	MD
	Harrop	Cara	MD		Holdhusen	Christopher	MD
	Jones	Heather	MD		Kalbfleish	John	MD
	Mangold	Marci	PAC		Miller	Jon	MD
	Martin	Wayne	MD		Munzing	Daniel	MD
	Trudeau	Randy	PAC		Neff	Kathryn	MD
	Velk	Mary	MD		Sherrick	Julie	CNM
	Vizcarra	Ed	MD		Tremper	Jeanne	CNM
	Yoder	Steven	MD	<b>Whitehall</b>	Reiff	Terry	DO
<b>Roundup</b>	Madi	Ahmed	MD		Sacry	Gayle	MD
	Schellenger	James	MD	<b>White Sulphur Springs</b>	Brown	Laurie	PA
	Subramanian	Sanjay	MD		Bullington	Ben	MD
	Zohary	Hossam	MD		Dreblow	Scott	MD
<b>St. Ignatius</b>	Bahnmliller	Daniel	DO		Steinberg	Mark	MD
	Cullis	William	MD				
	Davis	Victor	MD				
	Gochis	Paul	MD				



# PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
<b>Absarokee</b>	Exley	Jack	Family Practice		Ragar	Todd	Family Practice
	Ragar	Todd	Family Practice		Roane	Douglas	Internal Medicine
<b>Anaconda</b>	Connors	Stacie	Pediatrics		Schnitzer	Brian	Family Practice
	Robison	Jill	Pediatrics		Sears	Scott	Internal Medicine
<b>Billings</b>	Anderson	Richard	Internal Medicine		Shaub	Stephen	Family Practice
	Bailey	Ieva	OB & GYN		Sorensen	Neal	Internal Medicine
	Beijer	Kerstin	Family Practice		Standish	David	Pediatrics
	Bullman	Jon	Family Practice		Stanley	Merrill	Family Practice
	Busch	Byron	Internal Medicine		Steffen	Kari	Pediatrics
	Campbell	Bruce	Family Practice		Stevens	Richard	Pediatrics
	Center	Dean	Family Practice		Tapia	Lionel	Pediatrics
	Chisdak	Jami	OB & GYN		Thompson	Frank	Family Practice
	Collett	Gordon	Pediatrics		Wickstrom	Glenda	Internal Medicine
	Cook	Cheryl	Internal Medicine		Williams	Joyce	Internal Medicine
	Crichlow	Renee	Family Practice		Williamson	Steven	Family Practice
	Dahl	Chimene	OB & GYN		Winbush	Nicole	Family Practice
	Dietrich	Janet	OB & GYN	<b>Bridger</b>	Exley	Jack	Family Practice
	Etchart	Leonard	Internal Medicine	<b>Butte</b>	Bartakke	Swaroop	Internal Medicine
	Ezell	Douglas	OB & GYN		Bodine	Jonathan	Internal Medicine
	Fahrenwald	Roxanne	Family Practice		Brown	James	Pediatrics
	Fishburn	Amy	Internal Medicine		Carrick	Patricia	Family Practice
	Forseth	Hal	OB & GYN		Chamberlain	David	Internal Medicine
	Fritz	Stephen	Internal Medicine		Chopyak	Joseph	Family Practice
	Fuller	Bradley	Internal Medicine		Cortese	Florian	Internal Medicine
	Gerbasi	Paolo	Family Practice		Ellis	William	Family Practice
	Gobin	Mark	Internal Medicine		Gould	Stanley	OB & GYN
	Gray	Jimmy	Internal Medicine		Graham	Kenneth	Pediatrics
	Guyer	James	Family Practice		Healy	Shari	Family Practice
	Hagan	Michael	Internal Medicine		Henke	Paul	OB & GYN
	Hager	Dwight	Family Practice		Hunt	Kenneth	Family Practice
	Hinshaw	James	OB & GYN		Karmaker	Nivedita	Pediatrics
	Hugelen	Julie	Family Practice		Kautzman	Jessie	Family Practice
	James	Thomas	Family Practice		Kronenberger	Brett	Internal Medicine
	Johnson	David	Internal Medicine		Kumar	Rakesh	Internal Medicine
	Johnson	Jeffrey	Internal Medicine		LeFever	Michael	Family Practice
	Johnson	Vernon	Family Practice		McGree	Patrick	Family Practice
	Jozwiak	Mary	Internal Medicine		McGuire	Christine	Family Practice
	Kadri	Abdulmajeed	Internal Medicine		Mosqueda	Eric	Pediatrics
	Kadri	Kathie	Internal Medicine		Mulcaire-Jones	George	Family Practice
	Kent	Thomas	OB & GYN		Munro	Leslie	Geriatrics
	Kirkland	Brenda	Family Practice		O'Brien	Al	Family Practice
	Kummer	Marian	Pediatrics		Payne	Jeri	Family Practice
	Langohr	Janis	Pediatrics		Popovich	Keith	Internal Medicine
	Lindley	Jeff	Family Practice		Pullman	John	Internal Medicine
	Malloy	John	Family Practice		Russell	Kathy	Family Practice
	Malters	Edward	Internal Medicine		Sager	Wayne	Pediatrics
	McClave	Charles	Internal Medicine		Salisbury	Dennis	Family Practice
	Mehia	Denise	Internal Medicine		Salisbury	Jessie	Pediatrics
	Metzger	Michael	Internal Medicine		Sessions	Lisa	Family Practice
	Michels	Frank	Family Practice		Shepherd	Susan	Pediatrics
	Molloy	Daniel	OB & GYN		Siddoway	Paul	Internal Medicine
	Moore	Douglas	Family Practice		Sironi	Rindo	OB & GYN
	Neuhoff	Douglas	OB & GYN		Taverna	Jacob	Internal Medicine
	Nichols	Robert	Family Practice		Thuesen	Vicki	Family Practice
	Nicholson	Laura	Pediatrics		Wilson	Judy	Internal Medicine
	Petersen	Susan	Family Practice	<b>Deer Lodge</b>	Bailey	Barb	Family Practice
	Peterson	Erica	Family Practice		Corbin	Michelle	Family Practice
	Plummer	L. Eugene	Family Practice				

# PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY
	Martin	Wayne	Family Practice
	Oser	J. Barry	Family Practice
<b>Forsyth</b>	Anderson	William	Family Practice
<b>Hardin</b>	Billin	Aaron	Family Practice
	Campbell	Bruce	Family Practice
	Greimann	Carolyn	Family Practice
	Ostahowski	Gary	Family Practice
<b>Laurel</b>	Forseth	Lori	Family Practice
	Hager	Dwight	Family Practice
	McCrea	Kevin	Family Practice
	Richardson	E. Lee	Family Practice
	Ulrich	Robert	Family Practice
	VanNice	Robert	OB & GYN
<b>Red Lodge</b>	Fouts	Thomas	Family Practice
	Zavala	Jeffrey	Family Practice
<b>Worden</b>	Stanley	Merrill	Family Practice



## RESOURCES



MONTANA EMPLOYEE BENEFITS BUREAU  
1-800-287-8266 or 444-7462 in Helena  
[www.hr.mt.gov/benefits/homebenefits.asp](http://www.hr.mt.gov/benefits/homebenefits.asp)

General benefits information and contacts

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BLUE CROSS AND BLUE SHIELD OF MONTANA  
1-800-423-0805 or 444-8315 in Helena  
[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

NEW WEST HEALTH PLAN  
1-800-290-3657 or 457-2200 in Helena  
[www.newwesthealth.com](http://www.newwesthealth.com)

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PEAK HEALTH PLAN  
Customer Service/Benefits/Claims: 1-866-368-7325 (PEAK)  
Provider Network: 1-888-256-6556  
Prior authorization/Pre-certification: 1-866-275-7646  
[www.healthinfontmt.com](http://www.healthinfontmt.com)

Medical plans customer service and claims processing questions

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PHARMACARE  
1-888-347-5329  
[www.pharmacare.com](http://www.pharmacare.com)

Prescription drug refills, customer service, prior authorizations, and quantity overrides

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RELIANT BEHAVIORAL HEALTH (RBH)  
1-866-750-0512  
[www.ReliantBH.com](http://www.ReliantBH.com)

EAP Services, counseling appointments & referrals, legal & financial resources, maternity services

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ASI  
1-800-659-3035  
FAX: 1-573-874-0425  
[www.asiflex.com](http://www.asiflex.com)

Flexible Spending Accounts claims, eligible expenses, account status, and IRS rules

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VISION SERVICE PLAN (VSP)  
1-800-877-7195  
[www.vsp.com](http://www.vsp.com)

Eye exam, related services, and benefits

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UNUM LIFE INSURANCE COMPANY  
1-800-227-4165  
[www.unum.com/enroll/stateofmontana](http://www.unum.com/enroll/stateofmontana)

Long-term care claims and information